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THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

SOME PRACTICAL HINTS FOR THE TREATMENT, AND FOR THE PREVENTION OF UTERINE DISORDERS.

BY WILLIAM GOODELL, M. D.

Physician in charge of the Preston Retreat. Clinical Lecturer on the Diseases of Women and Children, in the University of Pennsylvania, etc.

From letters of inquiry which I am receiving from widely distributed portions of this country, I am led to infer that a few hints with regard to the treatment and the prevention of the more ordinary forms of uterine disorders will not come amiss to some of the many readers of this journal. In order, however, to make these hints as practical as possible, this paper will be made up mainly of categorical answers to the leading questions of my correspondents. But for this very reason it will necessarily be somewhat dogmatic as well as desultory in its character; and will also, I fear, compel the frequent use of the first person, an egotism for which, in advance, I ask indulgence.

Instruments.—The instruments which I recommend the students of the University to purchase at the outset of their practice are as follows:—

One base-expanding bivalve speculum (a modification of Smith's), whose blades are three inches and three-quarters long, and one inch and a quarter wide. Two glass speculums (Fergusson's), the one not longer than five inches and three-quarters, with the smaller aperture measuring one inch and a quarter in diameter; the other five inches long, and at the smaller aperture seven-eighths of an inch wide. Two probes or applicators, of aluminium wire, with one adjustable handle. One uterine tenaculum. One small volsella forceps. One speculum forceps. One uterine sound. One uterine repositor. One hard rubber uterine syringe with a long and flexible nozzle. One uterine dilator.

This list by no means exhausts the number of instruments required for special cases of uterine disease. But, in my opinion, no one can intelligently and successfully treat the ordinary diseases of the womb without, at least, the foregoing instruments.

At first blush the blades of the bivalve speculum (Figs. 1 and 2), may seem too short. But practically, if their tips be directed to the previously ascertained site of the cervix, it will be found that, when widely separated, they will so stretch the uterine end of the vagina as to bring down the cervix into the field of vision, not only very close to the eye of the physician but within reach of his index finger. For diagnostic or for operative purposes these are advantages not to be overlooked. In very rare cases, such as of fat women, whose vaginas are large and flabby, of those in whom, by a fibroid or an ovarian tumor, or by pregnancy, the womb is lifted up above its accustomed site, the cervix may not be well exposed by this instrument. In these very exceptional cases the larger of the Fergusson speculums may be substituted for the bivalve. The smaller glass speculum is put down in the list because it will occasionally be found useful in the examination of un-

FIG. 1.

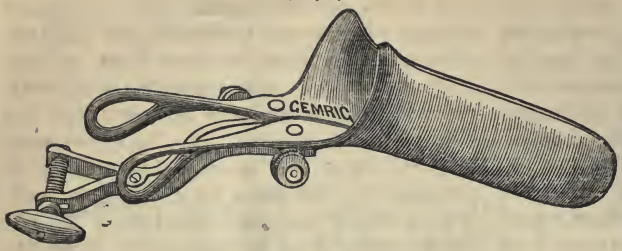
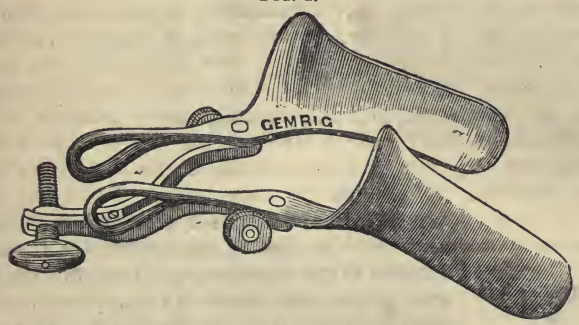


FIG. 2.



married women, or of those in whom the introitus vaginæ is either unnaturally small or hysterically contracted. Yet even in these cases, after the slow admission of one, and then of two fingers, the parts can usually be sufficiently dilated for the admission of the bivalve speculum. Under ether this can always be done.

I feel quite sure that physicians who have once used this speculum, with the woman lying on her back, will never wish to return to their old-fashioned cylindrical or quadrivalve speculums. One hint, however, to those of my readers who do not feel disposed to give up their long-used glass speculums for a new and untried instrument. The Fergusson speculums as sold in the shops are entirely too long and too narrow. For exceptional cases it is well to have on hand the two sizes above given; but the best working speculum of this kind is, in my experience, one not over five inches in length, and with the smaller aperture not under one inch and one-eighth in diameter.

The uses of the other instruments will be indicated in the proper place; but a word here with regard to two articles on the list; The probes, or applicators, of aluminium wire, are chosen because this metal is flexible and resists the action of most of the corrosive agents employed in uterine therapeutics. A sliding and removable handle is recommended for these applicators, both because a fixed one makes the instrument too long for easy carriage, and because I have found that the wire is very liable to break off at the line of junction with the handle. The uterine sound should have merely the usual knob at the distance of two inches and a half from its tip. If otherwise graduated it will very soon snap off at one of the deep notches made to mark off the inches. It should, further, consist of one piece; else by the wearing away of the thread of the uniting screw the relation between the handle and the tip is lost. One more word with regard to the sound. It should never be introduced until the physician has first satisfied himself that the womb is not gravid; and this golden rule holds good for all uterine applications. I lay stress on this point, for I once carelessly brought on an abortion in an estimable married lady, who was quite as much surprised at the result, but not quite so much mortified as I was. Again, I have, on more than one occasion, been consulted for uterine disease by designing women, who, being pregnant, sought advice with the hope of having a cheap riddance, induced by the treatment. Once, after arranging to meet a physician who lived some twenty miles off, I received a countermanding telegram followed by a letter explaining, that the supposed uterine disease of his patient, a reputable married woman, was pregnancy, and that her sole object was the hope of having an abortion provoked by the examination. His suspicions had been aroused by mine, and by working on the fears of his patient he extorted a confession. These facts should lead one to be on one's guard.

Local Treatment.—The following agents employed at the clinic of the University are enumerated in the order in which they are ordinarily used. The undiluted commercial liquid carbolic acid (Calvert's No. 4), or a saturated solution of the crystals; a solution of one drachm of nitrate of silver to the ounce of glycerin; a saturated tincture of iodine; fuming nitric acid and the solid stick of lunar caustic.

With the exception of the last, each caustic is applied by means of a film of cotton

wool wrapped evenly around about two inches of the aluminium probe, beginning at its tip. Jeweler's cotton is the best for this purpose; it is chemically cleaned, and has a long and fine fibre. These probes are usually roughened for that distance, in order to give the cotton a hold which would prevent it from slipping off and remaining behind in the uterine cavity. This roughening, however, makes the subsequent removal of the cotton too tedious, and too liable to stain the fingers. I therefore prefer to use a smooth probe, taking care, in that case, to wrap the terminal end of the cotton very tightly. But, as this needs a skill which practice alone can give, it would be well for a beginner to make use at first of the roughened wire. The ordinary uterine sound can of course be resorted to for the same purpose; but the stronger acids soon corrode it, while the bulb at its tip makes the removal of the cotton a dirty and difficult process.

The probe thus armed, after being dipped into one of the above liquids, I *always* carry, through a speculum, *up to the fundus of the womb whenever the internal os permits it to pass.* In the great majority of cases this can be done, provided the anterior lip of the cervix is first hooked down by the uterine tenaculum (Fig. 3); a procedure which steadies the womb and straightens it out. My reasons for cauterizing the whole mucous tract of the womb are fourfold. (*a*) If the mucous coat is alone involved, the symptoms often fail to inform me how far up the disease has extended. (*b*) Owing to the absence of any sub-mucous connective tissue, the inflammation of the mucous membrane must sooner or later more or less involve the parenchymatous structure, and this must be avoided at all hazards. (*c*) Whenever the internal os is sufficiently patulous to admit the armed applicator, I accept this fact as an evidence that the disease is not limited to the cervix. (*d*) By this practice, in a measure empirical, I err on the safe side, and obtain far better results than I did when limiting my applications to the cervical canal. Nor is this bolder plan of topical medication more hazardous than the ordinary one limited to the cervical canal. Out of a yearly average of over one thousand five hundred uterine applications of this kind, at the University clinic, to say nothing of my own private patients, we have not yet heard of a death from this cause. Nor have we seen any but light and manageable attacks of perimetritis, and these very seldom indeed. The cases in this clinic consist of out-patients, who, after an application, however strong, have necessarily to go home, many to adjacent towns lying within a radius of twenty miles. In this clinic, also, we are reluctantly compelled even to insert sponge-tents, and yet the only case of mischief following their use occurred in a woman with a fibroid tumor, in whom the tents were introduced at her own home. But even in this case I am disposed to think that the peritonitis lighted up can be more fairly attributed to the repeated examinations, made with finger and sound, by the five physicians present, than to the tents. At any rate, it taught me the lesson to forbid any but absolutely necessary examinations of the uterine cavity. I have about come to the conclusion that he is the most successful gynæcologist who is the most plucky, and that, no matter how severe or mild the treatment of uterine disorders, the percentage of accidents will be about the same, and that a very low one. The only severe attack of perimetritis of which we have any knowledge followed the application of the solid stick of nitrate of silver merely to a patch of granular erosion on the cervix. In my private practice I have yet to see, from this cauterization of the whole mucous lining of the womb, any worse results than an occasional attack of uterine colic, but rarely so urgent as to require morphia hypodermically. For all pelvic inflammations induced by a uterine treatment, or, indeed, for those following labor, I am in the habit of recommending from 16 to 24 grains of quinia during the twenty-four hours; morphia in quarter-grain doses repeated frequently enough to keep under the pain; and, while the pulse runs high, from 60 to 80 grains of the bromide of potassium. From the umbilicus downward the abdomen is to be painted twice a day with the compound tincture of iodine, and then to be covered by a large mush poultice, over which is spread a piece of oiled-silk or a well-greased sheet of brown wrapping-paper. The diet is to consist of beef-tea and milk *ad libitum*, egg-nog, and

FIG. 3.

more or less of whiskey or of brandy. When the pelvic pains are very acute the morphia should be given hypodermically until they are controlled.

With the exception of that of the fuming nitric acid, the liquid applications are to be made about once a week, and to be constantly changed about from one to another. In order to insure a thorough cauterization, it will often be advisable to make two or three applications, the one directly after the other, until the walls of the uterus are irritated into contracting down upon the probe, and griping it; and also when the cervical canal is not very patulous, first to stretch it open by the uterine dilator. In making these applications no other care need be taken than, before removing the speculum, to swab out or syringe out the redundant portion of the fluid, which has run down over the posterior lip of the cervix. But, in order to apply the nitric acid safely, greater precautions must be taken. The cervical canal, unless very patulous indeed, must be previously dilated, either by a tent or by the dilator, preferably by the latter. If the bivalve speculum be used, very great care should be observed to avoid touching the walls of the vagina with the acid. Whatever the speculum, water enough to reach to the lower margin of the os should be thrown into it, by that very handy little instrument, the uterine syringe (Fig. 4). Immediately after the application, several syringefuls of water should be projected upon the cervix. A tampon of cotton-wool, with a withdrawing thread attached, may then be dipped into water and left for twelve hours in contact with the cervix. After ten days or two weeks have elapsed, one of the milder caustics may be applied. In obstinate cases I have sometimes found it necessary to make a second application of this powerful acid. This, however, should not be done before a month has passed by, lest closure of the cervical canal should result. When granular erosion is associated with a gaping or an everted os, there is no better treatment than by this acid. In such a case it must be applied freely to the cervical canal and less so to the uterine cavity. In menorrhagia springing from a congestion or from a sub-involution of the womb; in cases of wombs too tender to bear the pressure of a hard pessary; in obstinate leucorrhœa, it does much good when boldly carried into the uterine cavity. I am very partial to this escharotic, nor have I yet found that its use is followed by symptoms more urgent than those produced by the milder caustics. In carrying this acid about, one caution must be carefully observed by the physician for his own protection. By the jolting of a carriage, or by other constant agitation, a gas is generated which, upon the quick removal of the stopper, violently forces a fine spray of the contents out of the bottle. He must therefore avert his face while he slowly removes the stopper, which, by the way, should be made of glass.

FIG. 4.

The solid stick of nitrate of silver is no great favorite in our clinic. It gives more pain than the liquid preparation, is less manageable, and often causes a brisk hemorrhage. Its prolonged use is so apt to be followed by a hard, gristly cervix, or by contraction, or even by closure of the cervical canal, that it is restricted pretty much to those cases in which the os is gaping or everted. By first warming the tips of the aluminium probes and then dipping them into fused nitrate of silver, they receive a coating of the caustic which can be readily passed up into the uterine cavity; not, however, without considerable uterine colic. A common test tube held over the flame of a candle is all the apparatus necessary for this purpose. This is an admirable way of treating sub-involution and other affections of the body of the womb. In stubborn cases of amenorrhœa advantage may thus be taken of its tendency to excite hemorrhage. Whenever this caustic is passed up into the uterine cavity the hypodermic syringe should be within reach.

A saturated ethereal tincture of iodine being much stronger than the corresponding alcoholic tincture, I have found very useful in marked cases of cervical endometritis. But the fear lest the subtle vapor of the ether should escape through the fallopian tubes into the peritoneal cavity, or should force in some of the liquid before it, has made me somewhat chary of introducing it into the uterine cavity.

The above caustics being applied weekly, in the meantime the woman should herself daily irrigate the womb with tannin, lead or zinc solutions. A very excellent one is a

strong or even a saturated solution of the chlorate of potassa. For this purpose the Davidson syringe is the best. A still better treatment is the introduction, at bedtime, into the vagina, of a suppository containing a few grains of the acetate or the iodide of lead, of the sulphate of zinc, or, what is better, from five to ten grains of tannic acid. For obstinate congestions, apart from local depletion, one drachm of the fluid extract of ergot, or an equivalent dose of one of its preparations, should be nightly introduced into the rectum, either by a suppository or by a starch clyster. As vaginal suppositories are expensive and quite difficult to make, certain very efficient substitutes can be used. For instance, the tannin or any other dry astringent powder may be projected by the woman herself upon the cervix, through the nozzle of one of those ingenious tin toys which are imported from France for the purpose of scattering "roach-powder" about. Or else—after the plan of my friend, Dr. E. L. Duer—a teaspoonful of glycerin, containing five grains or more of tannin, of acetate of lead, or of sulphate of zinc, may be poured into a hollow pressed by the thumb into the center of a thin sheet of cotton-wool, not quite so broad as one's palm. The edges being now gathered up and securely tied, there will be formed a small and dry tampon, which the woman, after getting into bed, can herself push up against the cervix. For convenience of removal, the ends of the string should be left long enough to hang outside of the vulva. Medication by vaginal suppositories is to be preferred to that by vaginal injections, because in the former the remedy lies longer in contact with the cervix, and because it is probable that more or less of it is carried up directly into the uterine cavity, either by capillary attraction or by that reversed peristaltic or suction action of the uterine fibres so lately described. In future, when the vaginal suppository is mentioned, the term will mean, indifferently, some one of the above methods.

I am more than ever impressed with the fact that in general the caustic applications are made too continuously for nature to have fair play, and that irritation and inflammation are actually kept up by too short intervals of rest. It is, therefore, my habit, after making from four to six applications, each one a week apart, to send my patient away just before a catamenial period, with directions not to return until two such have passed. Not only will much be gained by this intermission in the treatment, but an opportunity for impregnation is thus given.

With regard to the conjugal relations during local treatment, while, as a rule, abstinence is recommended, I yet sanction the advice of the apostle, that "the husband render unto the wife due benevolence; and likewise also the wife unto the husband." While coition should always be completely performed, on the one hand the husband must not be too exacting; on the other, the wife should not restrain her own inclinations; for intercourse, then, appeases the congestive orgasm of the reproductve apparatus.

Local Depletion.—Since congestion is the essential basis, the *punctum saliens* of uterine disorders, it stands to reason that local blood-letting should be the remedy. Whenever, therefore, the cervix has lost its natural pink or gum-like color, and becomes crimson, it needs depletion. For this purpose nothing answers better in the end than two or three leeches pushed up to the cervix through a glass speculum. In leeching, the os uteri must first be well plugged by a clean morsel of cotton, with a withdrawing thread attached; otherwise a leech may creep into the uterine cavity and fasten itself there, giving intolerable anguish. The week succeeding the catamenial flux is always the best time for their application. But leeches are often capricious, always expensive, sometimes unattainable, and their application is a tedious and unpleasant job. A substitute is therefore necessary. In lieu thereof, once a week or a fortnight, the cervix may be punctured at three or more points by Buttle's spear-pointed scarificator (Fig. 5.) by a straight-pointed bistoury, or by a tenotomy knife. Not more than from two to four tablespoonfuls need be taken at one time. The difficulty usually consists in drawing blood enough, but occasionally too much will flow. I have seen it spout out as if a large vein had been struck. It is well, therefore, to watch for a moment the first puncture before making others. In a large, flabby and angry-looking cervix, in cases of retroflexion accompanied by marked con-

FIG. 5.

gestion, blood enough will often escape from but one superficial puncture. In firmer and paler cervices the punctures must be made deeper and more numerous. The point of the instrument should penetrate to a depth of from one-eighth to one-quarter of an inch, and, in order to enlarge the opening, should be withdrawn by a slight turn of the wrist. To collect the blood as it flows out of the speculum, without soiling the clothes of the patient, I have found nothing so convenient as an ordinary kitchen gravy-ladle of tinned-iron, which has its well-earned place in my leather bag.

After the bleeding has ceased, the uterine application is to be made. If it persists, a stream of cold water may be thrown upon the cervix, or each bleeding point can be touched with the solid stick of nitrate of silver. Often the mere introduction of the ordinary application into the uterine neck and cavity will so condense the tissues as to stop the bleeding. On very rare occasions I have been obliged to tampon the vagina loosely with cotton-wool dipped in a solution of the subsulphate of iron. Local depletion is a very important adjunct to the treatment of uterine diseases. It is, indeed, often the pith of the treatment. Its neglect is a common cause of failure. The condition of the cervix is not, however, always an infallible criterion as to the necessity for drawing blood, for the congestion of the womb may be limited to its body. Depletion may, therefore, in general be resorted to whenever the womb is hypertrophied; whenever its body is tender to the touch, or too sensitive to bear the pressure of a pessary; whenever pelvic pains resist the ordinary treatment, and, finally, in most cases of flexion or of dysmenorrhœa. No inflexible rule can be laid down with regard to the number of times this operation should be performed. My own custom is to draw blood at intervals of a week or two until the general or local symptoms are decidedly improved.

General Treatment.—One cardinal rule in the treatment of all uterine disorders is the internal administration of iron, and of other tonics, unless contra-indicated. To these may be added, whenever the womb, as a whole, is congested or hypertrophied, ergot, quinia, arsenic, or bromide of potassium, either singly, or more or less in combination. Whenever one of my patients can or will take cod-liver oil in conjunction with the syrup of the iodide of iron, I feel that half the battle is won. The bowels should be kept soluble. An excellent pill for this purpose, to be taken at bedtime, is:—

℞.—Ext. colocynth. comp., gr. ij;
Ext. belladonnæ, gr. $\frac{1}{3}$;
Ext. gentianæ, gr. j;
Ol. carui, gtt. ss. M.
Et ft. pil., No. j.

The following tonic pills are much prescribed at the clinic:—

℞.—Acid. arseniosi,
Strychniæ sulph., āā gr. $\frac{1}{30}$;
Ext. belladonnæ, gr. $\frac{1}{5}$;
Cinchoniæ sulph., g. jss;
Pil. ferri carb., gr. ijss. M.
Et ft. pil., No. j.

℞.—Acid. arseniosi, gr. $\frac{1}{30}$;
Cinchoniæ sulph., gr. jss;
Ferri et potass. tart., gr. ij. M.
Et ft. pil., No. j.

The sulphate of cinchonia in these pills may be advantageously substituted by a proportionate dose of sulphate of quinia, the former being used simply on account of its cheapness. One pill may be given after each meal. Basham's iron mixture, with the addition of fractional doses of strychnia, will be found very admirable in its effects.

There are so many indifferent recipes for making this celebrated mixture, that I shall here give the one which seems to me to be the best:—

℞.—Tinct. ferri chloridi, fl.℥iij;
Acid. acetic. diluti, fl ℥ss;
Liquor. ammoniæ acetat., fl.℥iijss;
Curaçoa,
Syrupi simplicis, āā fl.℥j;
Aquæ q. s. ad fl.℥viij. M.
Sig. One tablespoonful after each meal.

The following formula makes another very elegant and generally useful preparation of iron:—

℞.—Tinct. ferri chloridi, fl.℥ij;
Acid. phosphorici dilut., fl.℥iij;
Spts. limonis, fl.℥j;
Syrupi simplicis, fl.℥ijss;
Aquæ q., s., ad fl.℥vj. M.
Sig. One tablespoonful after each meal.

The dilute phosphoric acid is added, both because it is a valuable nerve tonic, and because it has the property of disguising the styptic taste of the iron; so much so that children readily take this mixture.

When patients complain of nervousness, or of sleeplessness, the bromide of potassium must be given, either alone or in combination with other remedies. A cheap mixture,

much thought of at the University clinic, is as follows:—

℞.—Potassii bromidi,
Rad. calumbæ contus.,
Rad. zingiberis contus., āā ℥j ;
Ferri sulphat., gr. xxx ;
Aquæ bullientis, Oj.
Steep for twelve hours and then strain.
Sig. One tablespoonful in a wineglassful of water just before or just after each meal.

I cannot say much for the palatableness of this infusion, nor more for its pharmaceutical elegance. But it does good, and we therefore give it largely to our poor patients. For a better class of patients the following nervine can be prescribed with very general satisfaction:—

℞ Elixir humuli, ℥j.
Elixir valerian. ammoniat.,
Elixir lactucarii, āā ℥ss. M.

Sig.—One desertspoonful at bedtime, or during the day when necessary.

When ergot is indicated it may be given continuously and in full doses, either by the mouth or by the rectum. The suppository is made by inspissating the fluid extract by a moderate heat and incorporating it with cocoa butter. Of these two modes of administration I much prefer the latter, as it does not disturb the stomach. In country practice the ergot may be given in a starch clyster.

In addition to these remedies an effort should be made to distract patients from self, to make them forget that they are invalids. Their tendency is to give too much heed to every little ailment. They should be urged to give up the recumbent posture, to take regular exercise, and to expose themselves, without veils and parasols, to the direct rays of the morning sun. Woman, as well as plants, needs sunshine. Tea and coffee should be given up, and milk or claret substituted. A wholesome diet of easily digested meats and vegetables should be ordered, pastry interdicted, and the old adage inculcated of "early to bed and early to rise." A moderately cool bath may be taken daily, provided no great fatigue is induced by it, and a healthy glow follows its use. The brisk rubbing down after a cool bath, by putting many muscles into play, is one means of furtively giving exercise to those patients who are indisposed to take it as such. The corset should be discarded; the clothes must fit loosely and be supported from the shoulders. However unreasonable this advice may have seemed to the woman while her health was good, she will now usually adopt it, but not without many a pang and many an inward struggle. No vanquished knight ever yielded up his armor with worse grace.

For obvious reasons, when young girls or unmarried women exhibit symptoms of uterine trouble, an examination by the finger or by the speculum, or a treatment requiring the use of the latter, should never be insisted upon, until other measures have first been faithfully tried. These measures will be limited to the hygienic and constitutional treatment just detailed, and to such local remedies as the patient herself can use, viz., the hot douche, the hip bath, vaginal suppositories, vaginal injections, etc.

[*To be Continued.*]

PROPHYLACTIC TREATMENT OF INTERMITTENT FEVER.

BY JAMES Y. SHEARER, M. D.,
Of Sinking Springs, Pa.

Every practitioner, I may safely say, who has had even occasional calls to attend upon and prescribe for persons having intermittent fever, has felt the great want of a remedy to prevent the recurrence of the chill. Having "broken" the fever, as he believes, and put the patient on a fair way for a speedy recovery, and in so doing exhausted his skill, as well as, in many instances, the patience of himself and patient, and, after the lapse of a week or ten days to find the chill recur, and to have the original, or a similar course of treatment to go over again, is as painful to him as it is distressing and disheartening to the patient.

One of the large streams of Berks is called the "Tulpehocken." Its mouth is opposite the northern boundary of the city of Reading, and it is one of the feeders of the "Union Canal," which connects the waters of the Susquehanna with those of the Schuylkill. It furnishes abundant water-power for numerous mills and manufactories that dot its banks. Within twelve miles of its mouth it passes through an undulating country; above that the country through which it passes may be called hilly. The land throughout its whole course is good; the greater part, particularly towards its mouth, is highly cultivated, well drained, and thickly settled; and while there is more or less of intermittent fever along its whole

course, there is a section of the undulating country, extending down to within five miles of its mouth, in which it may be said to "hold high carnival." Infancy, youth, adult age, all inhabiting within this district, from the babe in the cradle to the gray-haired grandfather, are subject to it.

During the ten years of my practice in the vicinity, intermittent fever has been more or less prevalent every spring and autumn, unusually prevalent in wet seasons. Within the time mentioned, I have known persons to have it almost constantly, "year in and out," except intervals of a week or two at a time, until they became so much emaciated as to be unable to follow any avocation, and were finally compelled to remove from the locality to get rid of it.

Up to about a year ago I had tried everything known to the profession as a remedy, and found nothing better to check the fever and prevent the chill than sulphate of quinia; but neither that nor any other ingredient, or combination of ingredients, would prevent the recurrence of the attack and consequent depression and emaciation of the patient. Other physicians seemed to have no better—even less success.

From the peculiar effect I had observed the tinct. iodinii have, when given in other cases, I concluded to try it as a preventive. Accordingly, after having checked the fever, stopped the chill with quinine, I gave, regulating the quantity to the age and condition, from one to ten drops of tinct. iodinii in a tablespoonful of water, three times a day, before meals.

During last fall I had remarkable success, though I was not called to see any one who had not a recent attack; but in the beginning of March last I was called to see J. A., who had had the fever a year, and several physicians had prescribed for him, but all to no purpose. He had attacks every day, was very much emaciated, and was unable to follow his avocation; and though there had been intervals of a week or so at a time that the chill was not felt, yet, as he expressed it, "the ague always came back, no matter how much quinine or other medicine he took to stop it."

On the 5th of March I commenced giving him five drops tinct. iodinii, three times a day, in a spoonful of water, before meals, and before the end of the month he was able to work, and has had no fever since, though he resides at the same place; but he continued taking the iodine until the latter part of July. Within a year I have prescribed for and visited a large number having the fever, none, however, of so long standing as J. A., and except in three instances all were cured in a very short time. The cases in which there was a recurrence, after the fever had been checked by quinine, I have reason to think the tinct. iodinii was not properly taken, though I may be in error.

I would ask practitioners in other localities to give the treatment a trial, and report through your columns for the benefit of the profession. After the fever is checked by use of quinine, give, according to age and strength of patient, from one to ten drops tinct. iodinii, in a tablespoonful of water.

TREATMENT OF WHOOPING COUGH.

BY DR. W. H. VAIL,

Of Cornwall, on Hudson.

Through the kindness of a publishing friend I receive your valuable practical journal. I enjoy and profit by its hebdomadal appearance. It is in the hopes of adding a mite to its practical value, that I send you the following notes on the above subject. It is not a new remedy that I come forward to advocate, but to speak of a new mode of applying one long known to the profession.

Last spring an epidemic of whooping cough spread through our community, and after proving the uselessness of the usual manner of treating it with cochineal, carbonate potassæ, etc., I was led to give belladonna a trial. And it is to my mode of prescribing and using this medicine that I wish to call the attention of my fellow practitioners, believing it is one thing to use a remedy, and quite another to use it skillfully. The one preparation of belladonna to which I confined myself was the alcoholic extract, as being at once the most reliable in nature, most uniform in quality, and therefore most available in gauging the requisite dose. The mode of prescribing it is to dissolve with trituration, carefully and slowly, the following:—

℞. Belladonnæ extracti alcoholici. ℥j.
Glycerinæ. ℥j. M.

During the progress of the epidemic I carried an ounce vial of this solution with me to prescribe from. Each minim containing one-eighth of a grain of the extract, it was very easy to drop it into a glass, and with water regulate the dose to a nicety. And

then I am administering a medicine to which even the most fastidious infant palate cannot object, which I consider no small recommendation for this mode of prescribing belladonna. For a child three or four years old, I always begin with drop doses, three times a day, watching the effect and gradually increasing the dose by one-half a drop each day, till the constitutional effects of the remedy are plainly evident; such as itching, facial congestion, eruption, or dilatation of the pupils. The attendants will notice these symptoms if cautioned plainly, before any poisoning can supervene. When constitutional symptoms appear, I know that the maximum dose has been reached, and my plan is to continue with this dose, or one a degree smaller, should the constitutional symptoms be severe, until the disease shows signs of abating. Even then I continue the remedy at slowly diminishing doses till the cough almost entirely disappears. Having employed this plan of treatment in quite a large number of cases, and indiscriminately in all stages of its progress, I have yet to meet with the case where it has failed to diminish to a great extent the force and violence of the disease in one week, and often a favorable result of its employment may be seen in three or four days. In one instance, the mother taking the liberty of doubling the dose, under the supposition that I was prescribing homœopathically, constitutional symptoms immediately supervened, and a marked diminution in the force and number of the paroxysms was noticed on the next day.

As an adjuvant, to give the little ones quiet nights till the disease is under control, I rely on full doses of Dover's powder every night if necessary. And I prefer one full powder at bedtime, rather than smaller ones repeated through the night.

I have been thus explicit in detailing the plan of treatment which I have been led to adopt in order to give my fellow practitioners the benefit of the mode of applying that remedy, which, I believe, will do more toward bringing under speedy control a disease which has been, through all past time, one of the opprobia of our profession. I consider that, as far as my experience has gone, the adoption of the above plan of treatment has proved the following points: First. Whooping cough is not, as many suppose, a disease which must last from three to six months, with a liability to brain complications and troublesome lung sequelæ. Secondly. No preparatory treatment is necessary, but begin at once with belladonna; quickly bring the system and the disease under its influence, and continue its prescription, as the case may require, till the backbone of the disease and the frequency of the paroxysms are broken. I was not fortunate enough to have any patient who had not been vaccinated, and therefore am not able to report the influence of that operation on the progress of the malady under consideration.

Finally, I have no theory to advance as to the manner in which belladonna cures whooping cough; being satisfied with the fact, I leave that field of investigation to other minds. Neither do I consider any other remedies, as this one has proved sufficient in all cases where I have had the opportunity of giving it a trial. Till it fails me I will not desert it. All I have to hope is that others will try it also, and report to your columns.

GUN-SHOT WOUND OF THE ABDOMEN.

REPORTED BY A. B. TADLOCK, M. D.,
Knoxville, Tennessee.

October 8th, 1873, Charles D., æt. 16, a boy of rather slender build, while in a partly sportive altercation on the street with another boy, aged 14, received, at a distance of six or eight feet, a shot from a pistol, carrying a conical ball one-third of an inch in diameter. The bullet penetrated the abdomen about seven-eighths of an inch to the right of the median line, two inches below the point of the ensiform cartilage, and three and a half inches above the umbilicus. It was found lodged beneath the skin, three inches to the right of the third lumbar vertebra, and a little above the level of the umbilicus. Several efforts, by myself and Drs. Deadrich and French, to probe the wound of entrance, revealed an obstacle of an elastic nature at the depth of an inch or more, but the opening made for the extraction of the ball admitted easily a common silver probe to the depth of three or three and a half inches, and that in a direct line to the point of wound in front. The bullet was not the least battered, and there was no subsequent evidence of a subcutaneous wound-track, and the position of the boys when the shooting occurred, the probing and the symptoms, to wit, nausea, tympanites and inter-

nal pain, all concurred in fixing the route direct and through the abdominal cavity. Yet there was no sign of internal hemorrhage, no vomiting, but a free spitting of a slimy viscid matter for several days, accompanied on the first day with a little discoloration of the sputa, with cough and slight pulmonary rales. Scarcely a drop of blood, and no other liquid, issued from either of the orifices.

Treatment.—Four grains of opium were administered during the first twenty-four hours, and cold-water applications were made; but fever, nausea, and tympanitis supervening, morphine was substituted for the opium, and warm for the cold applications. This treatment continued, with a clyster of warm flaxseed tea, followed by a copious fæcal discharge from the bowels, without any signs of blood, which gave great relief on the evening of the third day, and very materially modified the existing ugly symptoms. There was nothing unnatural in the products of the kidneys. The administration of the tincture of aconite to subdue inflammation and reduce the pulse, a few more clysters, and a day's successful use of diluted nitro-muriatic acid to meet symptoms of hepatic torpor, and lastly, a dose or two of castor oil, constituted the subsequent treatment, with milk, barley water, soup, hasty pudding, and eggs, in their order, for diet. He was discharged on the 23d, being able to sit up and walk without the least inconvenience.

Such cases are always vested with a surgical interest of importance: first, as to diagnosis; second, as to prognosis, and third, as to treatment. So I have ventured to offer the report of the case for publication. I may add that in the absence of more positive evidence of lesions of other important viscera besides that of the peritoneum, our diagnosis as to the exact track of the ball could only be, more or less, speculative; but it was thought to have passed anterior and to the right of the pyloris and duodenum, below the liver and behind the flexure of the ascending and transverse colon; that viewed symptomatically the prognosis was favorable, but very unfavorable when referred to the history of such injuries. For example, of 414 penetrating gun-shot wounds of the abdominal cavity, reported from the beginning of the war to the first of July, 1864, 308, or 74 per cent., proved fatal, and yet "the number of recoveries was unexpectedly large." See Circular No. 6 of the "Medical and Surgical History of the Rebellion," page 24.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Service of John H. Brinton, M. D, one of the Surgeons to the St. Joseph's, and to the Philadelphia Hospital, etc.

SURGICAL CLINIC,

Wednesday, December 10th, 1873.

[Reported by Alfred Whelen, Student of Medicine.]

GENTLEMEN:—At our last clinic I operated upon this man. You will doubtless remember him. He was suffering at the time from a stricture of the urethra close to the meatus. I divided the obstruction freely for the extent of three-quarters of an inch, and I then introduced a large-sized bougie. This has been done every day since; the parts have cicatrized; the urethral opening is large and patulous, and the man is practically well. All that remains to be done in his case is to continue the introduction of a bougie at intervals of from three to seven days, in order to prevent the recontraction of the orifice. He will now be discharged from hospital.

Encysted Hydrocele of the Cord.

The next patient I shall bring before you is a man with a tumor in the left spermatic cord. His history is the following: He is a widower, and about 60 years of age, a weaver by trade. By occupation or habit he has been accustomed to sit with his legs crossed for considerable lengths of time. About one year ago he noticed a swelling above the left testicle, which has caused him uneasiness, rather than pain, and he in consequence consulted me in my office a day or two since, and has kindly consented to come before you.

His case is one of great interest, for its treatment must depend on the diagnosis we shall make. It not infrequently happens that error as to the nature of tumors in this region occurs. Now, let us ask ourselves, What may a swelling in this locality be? The answer is, That it may be a growth or tumor of the testicle, either solid or fluid; it may be a descending hernia; or it may be an affection of the spermatic cord proper, as a varicocele, solid tumor, cyst, or hæmatocele.

The patient himself regards his trouble as an additional and growing testicle. But this, I need scarcely tell you, cannot be. I do not know that any well-authenticated instance is on record of the formation or descent of a third or supernumerary testicle. It certainly is not developed in after life, and on this point we can set this man's mind at rest. I would add, in passing, that this is the third time, within almost as many weeks, that that question has been put to

me by patients with an abnormal growth in the cord. One of the consultants was quite convinced of the presence of this extra testicle, and to its existence he ascribed his rapidly increasing family.

Let me carefully examine the affected part in the case before you. I grasp the testicle in my hand, and as I do so I feel the perfect oval contour of the organ. It is not enlarged or abnormal in any respect. My fingers pass above it, and between it and the tumor. The growth, therefore, does not concern the testicle proper.

Is it a *varicocele?* You remember the well-known simile of this condition to a bundle of earth worms. This tumor conveys no such impression; it is somewhat elastic, and its contour is smooth and continuous. Moreover, I can feel the vas deferens and the spermatic vessels, the latter of normal size, behind the growth. It cannot, therefore, be a varicocele.

Is it a descending *hernia?* I grasp the tumor and find that I can carry my fingers above it, and between it and the external abdominal ring. I can, too, draw it away from the ring; it has no connection with that opening, into which, by using some force, I can thrust the end of my finger, and determine that it is not blocked up or filled by any of the abdominal contents. Holding the tumor in my grasp, I next tell the patient to cough. He does so, several times, and there is no impetus whatever to the growth. I ask him whether the swelling was developed from above downwards; in other words, whether it descended through the external ring? He tells me it was not. I feel pretty sure, therefore, that this is not a hernia.

It may, however, be a *solid tumor*, or its contents may be *fluid*. If the latter be the case, the fluid may be either serum, constituting what is known as an encysted hydrocele of the cord, or the fluid may be more or less sanguinolent in character, giving rise to what is described as hæmatocele. I shall, therefore, test its translucency. If the light passes through, I shall feel quite convinced that the mass is neither a hæmatocele, nor a solid tumor, nor a hernia. Indeed, I have already, in my own mind, dismissed the two last-mentioned classes, and, judging from the elastic feeling of the growth, have arrived at the conclusion that we have to deal either with a true encysted hydrocele, or with a hæmatocele of the cord. A simple experiment will decide which it is. I take hold of the tumor firmly, and thus render the integuments covering it tense. I then press the end of this perforated stethoscope against the mass, and, placing my eye at the other end of the stethoscope, I find that the rays from a lighted candle pass readily through the growth. Were this cyst filled with blood, or even with bloody serum, the light could not pass; it would be opaque. This would also be the case if the contents were of a hernial nature.

Remember this fact; the simple test of translucency is a most important one in the study of tumors of the testicle and of the cord. When the determination is an affirmative one, as in this instance, the result is certain, viz., that we have in hand a tumor filled with serum. Even when we obtain, as we often do, only a negative result, we are still able, by exclusion, to further our diagnosis. I have often seen errors of diagnosis made in the examination of tumors of this region, and I therefore counsel you always to employ this means of strengthening your conclusions, even in cases apparently the most simple.

Having determined the nature of this tumor of the cord, what shall I do for it. At present nothing at all. The tumor is almost stationary in size, and is not productive of much inconvenience. I shall therefore only paint the surface with the tincture of iodine, and shall instruct the patient to let me know, should any increase in size, or severity of symptoms take place. In that event I shall evacuate the contents of the sac with a fine trocar, and shall then endeavor to bring about adhesive inflammation by the introduction of a seton, or else by the injection of a small quantity of the tincture of iodine. In short, I shall treat this hydrocele of the cord much in the same manner as I would a hydrocele of the tuinca vaginalis.

Stricture of the Urethra.

The next case is one which is of interest to me, and one which I trust will also so prove to you. It is that of an organic stricture of the urethra, situated directly in front of the membranous urethra. The man's history is the usual one, a gonorrhœa of many months' standing, followed by the difficulty in question. You have already, this winter, seen a great many cases of stricture in this hospital, and I dare say that you are tired of them, and scarcely wish to see more. Nevertheless I have some words to say to you on this subject of stricture, for a more important one does not exist in the wide domain of surgery. You cannot see, you cannot hear too much of it. If a stricture is well manipulated in your presence you learn much, and I was about to say that if it is badly manipulated you learn almost more. But we will try and handle our case properly. And here let me tell you that if you desire good reading on this subject of urethral obstruction, you must study Sir Henry Thompson's little book of clinical lectures on the urinary diseases. You can read nothing better touching these affections, so vivid are his descriptions, so terse and practical his precepts of treatment. Buy the book and study it.

Now, what is a *stricture?* You look in your book, and you are told that there are strictures and obstructions to the urethral calibre, dependent upon congestion and inflammation, and upon muscular spasm. These they call, respectively, inflammatory and spasmodic strictures. It is quite possible that such strictures do exist, but I shall speak to you this morning of a stricture of a

different nature altogether, to wit: the true organic stricture.

What is this stricture, and how is it developed? As a rule it results from a protracted or neglected gonorrhœa or clap; oftentimes, too, I think from a gonorrhœa, no matter how well it may be treated. I have altered my views in this matter very greatly of late years. I believe that organic stricture, perhaps to a slight degree, is very much more common than is usually supposed. It may be that I see more of them nowadays, but I think also it is because I search more carefully for their existence. It very often happens that I detect slight, and sometimes considerable urethral narrowings in the persons of those who have long since forgotten, or who have tried to forget the follies of youth; in staid fathers of grown-up sons and daughters, who consult me for what they perhaps consider to be prostatic difficulties.

A gonorrhœa, as you all know, is an acute inflammation of the urethra. Its tendency, as to its acute symptoms, is to resolution, but it often, very often indeed, leaves behind it, when it runs into gleet, at one or more points of the urethral canal, patches or zones of granulations. These are kept up by a chronic or subacute inflammation, and last for a very great length of time. I have seen them twenty years or more after the gonorrhœa which gave rise to them. I have too, with my endoscope, noticed and carefully studied their granular surfaces, more or less prominent, and the apparent hardness and rigidity of the submucous tissues at their bases. And it is this which constitutes an organic stricture. An effusion of lymph around the urethra, which narrows the calibre of the canal, and interferes with the flow of urine. The degree of this effusion of lymph varies much in different cases. In some it is ring-like, completely encircling the urethra, and constituting the annular stricture. That is the nature of the stricture in the patient before you.

In other cases the lymph is effused in greater quantities on one portion of the urethral circumference than on others. It may extend for an inch or more; or more than one stricture may exist, the one behind the other, thus giving rise to the tortuous canal so frequently detected by our instruments. Indeed it is scarcely possible to describe all the varieties of stricture one meets with. Each case is a study by itself. The surgeon in treating and in studying stricture, before he commences the treatment, must learn gentleness and dexterity of touch. He must seek quickly and surely to recognize the condition of the parts beneath his hand, as a prelude to the proper adaptation of his instrumentation.

Before speaking further of instrumentation, let me here say a few words concerning the result of the narrowed and constricted urethral condition I have just hinted at. A man, let us say a young man, comes to you and says, "Doctor, I have trouble in passing my water, my stream is poor." You ask him if he has long since or recently contracted a gonorrhœa, whether he has any gleet now. If he answers you affirmatively your mind at once reverts to stricture, and you ask a few more questions, and then proceed to instrumental exploration. Should he tell you that he has never had any inflammatory trouble of the canal, you will, I am certain, disbelieve him. Even should he be your dearest friend, you will remember how fallible human testimony is, and you will seek to determine for yourself.

You must now inquire as to the character of the stream of urine, or better still you will ask him to pass water before you. This you should never neglect to do, and you will find that you will, by your own observation, gain more information in half a minute than by the asking of many questions. If stricture exists the stream will probably be small and thin, a poverty-stricken stream, as one of my patients once stigmatized. It will be wanting, too, in propulsive force. If the stricture be at all tight, there is apt to be a good deal of straining, and there will be a considerable interval, when he first attempts to make water, before the contraction of the bladder can overcome the resistance of the stricture. This straining, too, may be accompanied by pain, sometimes referred to the seat of stricture, sometimes, as in the patient I exhibited to you at my last clinic, to the lower part of the belly, and over the bladder.

The stream of urine is often forked or crooked. This may occur in stricture, but you will also observe it whenever the frenum is short, or where there is a phimotic tendency, and the patient at the time of urination endeavors to draw back the prepuce. Sometimes the frequency of micturition is greatly increased. I have had patients in this amphitheatre tell me that they made water, or attempted to do so, every half hour, or even in aggravated cases every fifteen or every ten minutes. Sometimes, however, you will find that urination is so difficult and painful, that the man will try and defer it, passing his water at long intervals. This may be carried even to such a length as to end in *retention*, as happened to the carriage driver I brought before you a few days ago, suffering from stricture, and gonorrheal epididymitis. In his case the urine was passed only at intervals of twelve hours, and eventually I was obliged to overcome the obstruction by the catheter after a lapse of sixteen hours.

In bad and long continued strictures you will frequently find that there is scarcely any stream of urine at all; there is only a dribbling, drop by drop, and that, too, after great straining. It is this condition which, upon the slightest imprudence in diet, drink, exercise, sexual indulgence, or cold, is peculiarly apt to pass into complete retention. I have just such a case now under my treatment, of a gentleman in easy pecuniary circumstances, but with an old obstinate tight stricture. He dribbles away his urine, and every now and then, after some excess, abso-

lute retention takes place. He then makes his appearance at my office, and usually after some difficulty I succeed in introducing a small instrument into his bladder. He is relieved for the time; always refuses to be properly or continuously treated; and disappears from my threshold only to return again after the next indulgence. In very bad cases of stricture the straining during micturition may become so great as to implicate the rectum, requiring the patient to pass his water in the privy for fear of an evacuation taking place from his bowels at the time of urination. I remember last year just such a case in my wards.

These, then, gentlemen, are the principal symptoms of stricture, as recounted to you by your patient: smallness of the stream, loss of propulsive power, a twisted or spiral jet, dribbling, and burning pain before, during or after urination, variously referred to the urethra, or above the pubes; occasionally the admixture of blood with the urine, straining to a greater or less extent, and sometimes the rectal tenesmus I have described. To make sure of your diagnosis, and also to overcome the obstruction in the urethra, you must, however, resort to instrumentation. This is a matter upon which I shall have a great deal to say to you, but as my hour has so nearly expired, I shall defer the exhibition of my instruments, and my remarks upon them, until my next lecture.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

ERSKINE MASON, M. D., PRESIDENT.

Talipes Varus-Amputation.

Dr. Crosby presented the foot and upper two-thirds of the leg of a patient afflicted with talipes. The patient had suffered greatly from pain, caused, in all probability, by pressure on the saphenous nerve when standing on the foot, and so severe had this been that he voluntarily submitted himself to an operation. It has been suggested that the atrophy of the limb in talipes is due to the pressure on the vessels by the bending of the foot. In this case, at the amputation at the upper third of the leg, only one vessel, the posterior tibial, had to be tied; all others were either occluded or absent; the foot was blue, showing venous retardation.

The peroneus longus, brevis and tertius are partially paralyzed. The flexor longus pollicis was in a state of spastic contraction or contracture, so also was the flexor brevis, increasing the curve in the arch of the foot. At one time it was the opinion of orthopædic surgeons that the distortion began at the ankle-joint; this is now known to be not so, with the single exception of talipes calcaneus. The place we now consider to be the starting point is the medio-tarsal articulation, due to greater flexibility of the joint.

Some say that the seat of motion of abduction and adduction was at the hip-joint, others at the ankle-joint, but it is in reality between the astragalus and calcaneus, as is very well shown in this specimen. A noteworthy incident about the case was that he presented himself for the operation without any injury or disease as a complication. He was really in perfect health, and after operation there was no surgical fever, and in about sixteen days he was able to go back into the country. Dr. Crosby wished to direct attention to the preservative action of carbolic acid on this specimen. The case was operated on in the hot weather of summer, and wrapped up in a bandage saturated with carbolic acid, and at the time of presentation to the society it did not give out any offensive odor.

Acute Otitis Media-Suppuration of Mastoid Bone—Abscess of Brain, and Death—Operation.

Dr. Noyes presented a portion of temporal bone with this history. The patient was of middle age, and entered Charity Hospital last summer, with symptoms of acute otitis media; posteriorly to the ear there was a large amount of swelling, and from the meatus auditorius externus a free discharge of pus. Dr. Noyes apologized for the want of continuity in the history of the case, as when he left his service during the summer, the patient was doing well, and when he arrived back from his summer vacation, he was told there was a portion of a temporal bone awaiting him which had been removed from the patient in question.

From the pain and swelling over the mastoid portion of the temporal, he expected to find pus, and proposed to open into the mastoid cells, but after searching over the instruments of the hospital was unable to find any fit for the operation. He even went as far as the carpenter shop. Eventually he bethought himself of a trephine, and found that he could unscrew the crown of it, and have, in the sharp-pointed central pin, just the instrument he wanted, as the spear-pointed shape of the pin would prevent it entering, unconsciously, too far.

He then selected as the point of election one posterior to the ear, and on a line with the upper border of the meatus, and, after having made an incision an inch and a half in length, perforated with the pin of the trephine. Pus followed, and warm water was injected to wash out the pus, the injection escaping at the meatus auditorius externus. After this a poultice was applied, and, for the time being, the patient did well. As an immediate result of the operation, there was great relief from pain.

Two months after this pain again came on, and eventually the patient died. The autopsy showed an abscess occurring in the left middle lobe of the right side of the brain, extending as far outward as the corresponding lobe of the opposite side, and opening into it.

During the course of the brain abscess, neither paralysis nor other brain symptoms

were noticed by the gentlemen of the house staff. It is important to consider that brain disease must have developed after the main trouble was over.

Dr. Crosby believed in the early opening of abscess in the mastoid process, and used as an instrument for this purpose an ordinary gimblet.

Dr. Noyes was of opinion that a gimblet would, in some cases, be dangerous, as the sharp point might penetrate the inner table, particularly when it was carious.

Dr. Crosby differed with Dr. N. on this subject, and thought that after going through the outer table it would not be very sharp. He related three cases of this trouble. The first was a lady who was spending some time on Mount Washington, and upon whom the operation had a marked benefit in relieving her of the pain. The second case was a strong man who complained of pain and a sensation of vertigo. When the mastoid cells were opened, the pus came out with a jet. All of the symptoms disappeared after the operation.

The third case also complained of pain, vertigo, and a sensation of sinking, and against the protest of the consulting surgeon he urged the operation. When the cells were opened no signs of pus appeared, to Dr. Cross' great mortification. But after twenty-four hours it did, with a jet.

A friend of Dr. Cross had a patient with this disease, and did not think it desirable to operate. Eventually a portion of the mastoid came away, showing the disadvantage of non-interference.

Recto-Vesical Fistula Lumbo-Colotomy.

Dr. Erskine Mason called Dr. Loomis to the chair, and presented a portion of the rectum and bladder, with a communication between. The patient was a man aged 27. In April, 1871, was taken sick with pain over the umbilicus, and other symptoms resembling general peritonitis. From this he rallied. In October of the same year, got an attack of chills and fever. During March, 1872, complained of pain over the region of the bladder with diarrhœa. Passed wind and stercoraceous matter through the urethra. He was advised to enter hospital, which he did, and in two weeks was very much improved without any special treatment whatever. May 1st he again showed symptoms of his old trouble. The bladder was filled with intestinal matter, and the pain suffered by the patient was excruciating. The operation of lumbo-colotomy was suggested to him and he readily assented. On May 12th, he was operated on. On May 24th again suffered from an attack of chills and fever, and on June 3d died of exhaustion.

At the autopsy there were signs of chronic peritonitis. The intestines were bound down by adhesions. The bladder was found to communicate with the rectum, by an opening large enough to introduce the forefinger. The prostate body contained an abscess. This is the twelfth time the operation of lumbo-colotomy has been done for recto-vesical fistula. The shortest time the patient lived was in Dr. Mason's case, twenty-two days. The longest time three years; the latter patient is living yet. The fistula was too high up for the finger to reach.

From the time the patient was operated on till his death, he was completely relieved of his excruciating pain.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

ELLSWORTH ELLIOTT, PRESIDENT.

The sixty-eighth annual meeting was held in the College of Physicians and Surgeons, on Monday, October 27th.

Dr. A. E. M. Purdy read the minutes of the comitia minora for the year, and Dr. Janvrin the report of the Treasurer. The Society then proceeded to the election of officers by ballot, with the restriction that no member could vote or stand as a candidate who had not paid up his dues. The President asked the Treasurer if any of the candidates were ineligible on this account, and one was reported, a nominee for censor.

Dr. T. G. Thomas sent a note declining to be a candidate for the Presidency. On motion this was allowed. Dr. H. B. Sands asked to have his name removed from the Presidential list. On motion this was also allowed.

The vote resulted in the election of Dr. Ellsworth Elliott, President; Dr. Henry B. Sands, Vice President; Dr. A. E. M. Purdy, Recording Secretary; Dr. Janvrin, Treasurer; Dr. F. A. Castle, Corresponding Secretary.

Subcutaneous Osteotomy of the Cervix Femoris—Adam's Operation.

By permission of the Society, Dr. H. B. Sands presented a patient with the following history:—

Patient, aged 25, had an attack of acute articular rheumatism four years before the operation was performed, and this affected the lower extremities, and particularly the right hip joint. The hip was kept flexed at an angle of 110 degrees to the vertebral column. Anchylosis resulted and patient was able to walk about on crutches. [Dr. Sands here showed a photograph of the patient with the flexed limb, also another one with the leg straightened.] Dr. Detmold sent the case to Dr. Sands, and was of the opinion that the anchylosis was fibrous. Dr. Sands inclined to the view that it was true bone.

Operation.—A bistoury was introduced over the trochanter and carried down to the neck of the bone, making an external incision three-eighths of an inch in extent, then a light saw with a long shank was applied, and the cervix femoris cut through. It was now found that the tendons of the tensor vaginæ femoris and other muscles attached around the base of the trochanter had to be cut to allow of extending the limb. An ordinary spica bandage with simple dressing

was applied, and the wound closed by first intention. Dr. Sands referred to this simple dressing for the reason that Adam used carbolic acid, and attributed his good success to this treatment. On the tenth day the wound closed, and in six weeks patient was able to walk around. There was no bony anchylosis. During the winters of '72 and '73 the patient had another attack of acute rheumatism in the lower extremities, which resulted in anchylosis of the knee. This was broken up in hospital, but the operation resulted in anchylosis. Now the patient has recovered from that. Bony anchylosis was formerly a grave trouble. Rhea Barton, in 1826, operated for it by making a large and free incision through the soft parts and removing a portion of bone. There resulted from this a false joint, which continued so for six years, then became stiff.

In 1862, Dr. Sayre operated on a patient and obtained a joint which continued for six months. Dr. Sayre operated on another patient with success, and the patient died quite a length of time after, of phthisis. After the wound closed it opened again and discharged some fragments of bone. This case was very important in showing at the post-mortem the appearance of the false joint.

Dr. Sands now showed the patient to the Society. He walked very well with the assistance of a cane, but did not apparently use the leg very much. When he dispenses with the stick he finds it very difficult to make much progress. He either is afraid or cannot rest much weight on the affected limb. When the patient was in hospital galvanism was used to the muscles around the hip, but little benefit resulted from it.

Editorial Department.

Periscope.

Rules for Operating on the Foot.

The rules quoted below are given by Mr. Henry Hancock, President of the Royal College of Surgeons, of England, in some lectures recently published:—

1. That we should perform our operation as close to the diseased or damaged structure, and preserve as much of the foot as possible, with safety to our patient.

2. That, where practicable, we should cut through the tarsal bones with a saw in preference to disarticulating them.

3. That we should avoid the destruction of joints whenever we can do so.

4. That disease of one articulating surface does not of necessity demand the removal of the entire bone; as, for instance, when confined to the tarso-metatarsal joints, or to the joints between the cuneiform or scaphoid, it is not always necessary to remove the whole of the cuneiform bones, on the one hand, or of the entire scaphoid bone, on the other. In such cases, however, the diseased portion should be removed by a clean cut made with a saw, and not bruised off with a gouge or chisel.

5. That whilst the openings in the skin cannot be relied upon as indicating the exact situation of the bone mischief, the existence of these openings, even if there be several, or the thickening and discoloration of the skin and soft parts, do not of themselves contraindicate operative procedure, since, as pointed out by Sir W. Fergusson, the soft parts, when relieved of the source of irritation, will speedily return to their natural condition.

Even in bad cases of joint disease, where pain is excessive, startings of limbs frequent, and emaciation beginning, Mr. Hancock would pursue his conservative surgery by stopping short of excision, and merely relieving tension by subcutaneous section of ligaments and tendons, and forcibly putting of the limb in a straight position.

Operations on the Penis.

Dr. J. T. Clover writes to the *Lancet*:—

"Those surgeons who are disposed to make their operations bloodless will find a clamp, made for me by Mayer and Meltzer, of Great Portland-street, very convenient for amputation of the penis, circumcision, and the removal of warty growths. It consists of two discs of vulcanite, four inches in diameter and one-eighth of an inch in thickness, connected by a rivet which allows one to slide over the other. A V-shaped notch is cut from the circumference to the centre of each disc, but in opposite directions, so that they form together an opening large enough for the penis. By sliding one disc over the other, the opening is contracted, and when the penis is sufficiently compressed to stop the passage of blood, a binding-screw fixes the clamp.

"I used to tie the penis with a piece of cord or red tape, and protect the pubes from any drops of blood by a piece of waterproof with a hole in it, but about six years ago it occurred to me that the instrument I have described would act both as the most convenient form of tourniquet and sufficiently protect the pubes, and on making use of it I found that it had the further advantage of retaining the penis in a position convenient for the surgeon.

"Whilst writing on this subject, let me

recommend a method of applying sutures suitable in all cases where the skin is very thin and abundant, but especially after the circumcision of boys. The plan is to use a glover's needle and fine waxed silk, and puncture as near as possible to the cut edge, and then draw the suture as tightly as if tying an artery. There is no need to tie the second half of the reef-knot. The skin will give way sooner than the knot. These sutures come away in removing the dressing on the second or third day, without any need of using scissors or forceps, instruments that are regarded with terror at these times. I have often been called to give chloroform whilst the surgeon removed the sutures from a circumcised penis, he having been unable to keep the patient sufficiently steady without it. In order to pierce the skin so near to the edge it must be held with forceps, and if they have a notch at the points the skin is held so steadily that a common sewing-needle may be used.

Treatment of Angina Diphtherica.

According to the *Practitioner*, Dr. Lolli, of Trieste, states that for some years past he has constantly employed the following treatment in cases of diphtheria, and with very satisfactory results. In the first place, he never uses any kind of cauterization, nor any depletory means, as by the withdrawal of blood, purgatives, or emetics, except the latter in some very exceptional cases. Secondly, he pays especial attention to the activity of the skin, and in every way endeavors to excite it, as by keeping the patient warmly covered in bed, by the application of warm poultices and mustard-leaves; and this not only at the commencement of the affection, but till every trace of it, both general and local, has disappeared. Thirdly, he uses, both internally and externally and by inhalation, the ingredients of the following mixture, in various proportions and degree of concentration:—

℞ Aquæ calcis, uncias quatuor ad libram unam.
Liquoris ferri sesquichloridi, scrupulum unum ad drachmas duas.
Acidi Phenici, granum unum ad scrupulum unum.
Mellis rosarum, unciam unam. M.

This mixture, well shaken up, he applies every two hours to the fauces, and gives a teaspoonful, in weak solution, also every two hours alternately. Fourthly, he orders nourishing food in moderate quantity, and warm or cold drinks at the option of the patient. Before taking any food or drink the patient's throat and mouth are well painted with the mixture, and he is directed to gargle his throat out with it. The results of pursuing this line of treatment have been, that in sixty cases of diptheria he has only had one fatal case, though in Trieste the mortality from diptheria is upwards of 350 annually, and he has had no secondary affections.

Spontaneous Reduction of an Inverted Uterus.

Dr. Spiegelberg relates, in the *Archiv fur Gynakologie*, quoted in the *British Medical Journal*, the case of a woman aged 40, in whom, in her twelfth labor, inversion of the uterus followed the attempts of the midwife to hasten the delivery by pulling on the body and umbilical cord of the child. Replacement of the organ was immediately attempted by the midwife; but, after a few fruitless trials, was given up. At the end of six weeks a rather copious hemorrhage occurred; the uterus was found to be still inverted, and could not be replaced. Two and a half weeks afterwards the patient came into hospital. The inverted portion was closely embraced by the os uteri; the part which was not inverted measured scarcely one and a half centimètre (about three-fifths of an inch). As the woman had a severe attack of diarrhœa soon after her admission, a fortnight elapsed before a second examination was made, with a view to reduction. Now, however, the uterus was found to be completely reduced. According to the explanation offered by Schatz, with which Dr. Spiegelberg agrees, the uterus was raised by the continued lying in bed, the round and broad ligaments accommodating themselves to the new position; and, during diarrhœal evacuations, the vagina, with the vaginal portion of the uterus, was pressed down, while, the ligaments being unable to follow this movement, the fundus was raised.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——One of the numerous valuable memoirs on yellow fever written by Prof. Joseph Jones, of New Orleans, is a condensed table of temperatures in the disease, reprinted from the Boston *Medical and Surgical Journal* of August last.

——Dr. George Syng Bryant's Report on Gynæcology, separately published from the Transactions of the Kentucky State Medical Society, for 1871, deserves a place in a gynæcological library, especially for its view of a female pelvis, drawn from a section of a frozen subject.

——"Fetal Physical Diagnosis," by Frank C. Wilson, reprinted from the *American Practitioner*, is an excellent article, carefully compiled from an analysis of the physical examination of 126 cases.

——A number of new instruments for making examinations and applications to

the cavities of the nose, throat, and ear, designed by Dr. THOMAS F. RUMBOLD, are described and illustrated by him in an article reprinted from the St. Louis *Medical Archives*. The instruments are ingenious and useful.

OUR EXCHANGES.

Harper's Monthly and Weeklies stand first, not only in their unsurpassed illustrations, but their well-selected reading matter. The *Monthly* is one of our oldest friends, and we are sadly at a loss to supply its place, when, by any mishap, it does not reach us. The *Weekly*, with its inimitable illustrations, and NAST'S wonderful sketches of political men, their sayings and doings, cannot be equaled by any paper in the country. The *Bazar* stands alone as the ladies' guide in the dress department. Its patterns have generally an elegant simplicity that no other fashion print possesses, while it aids the lady whose resources are limited, in using to the best advantage cheaper materials, and in remodeling those she may have.

Scribner's Monthly, in some respects, is even more popular than Harper. Its illustrations are equal, and its serials of the first order. Dr. HOLLAND'S success as an editor of one of the first literary journals of the day, is another example of the ability of our medical men to take a foremost place in the literary ranks of our country. His "Arthur Bonnycastle" is of a high order of serials, possessing more than usual interest, and of such a healthy moral and religious tone that it may be read with profit by old and young.

Littell's Living Age is always welcome to our table. There is a dignity in the quiet tone of its literary and scientific articles that is very attractive. It is with no little pleasure we turn from the lighter literature of the day to spend a quiet hour with "Littell," enjoying such articles as "The Protestant Restoration in France, in the Last Century," "Milton," "Robert Southey," "Marie-Amelie de Bourbon, Queen of France," etc. The "stories" are always of the best order, and we have seldom read anything of more interest than "The Prescotts of Pamphyllon," published during the last year.

Penn's Monthly contains much that is very interesting, though differing decidedly from the other publications. It is always readable and valuable.

The Agriculturist.—One never wearies in looking over its pages. To the farmer it is invaluable. Every country physician would do well to subscribe for it, not only for his own benefit, but for his children's pleasure.

Vick's Floral Guide is more beautiful than ever. It is just the thing for every lady who loves flowers, and desires a good selection for her garden.

The *Vermont Chronicle* and *Germantown Telegraph* are model papers; and of our secular papers the *Cincinnati Gazette* is one of the best. *The Independent* is always good, and *The Evangelist* is one of the best of our religious papers. *The Methodist*, in its new dress, will no doubt prove a success, while *The Christian Advocate*, *Zion's Herald*, *Presbyterian*, and *Presbyterian Banner* are always welcome.

BOOK NOTICES.

Transactions of the Medical Society of New Jersey, for 1873. Newark, 1873. 1 vol. paper, 8vo., pp. 224.

This is an interesting volume of the Transactions, containing quite a number of suggestive articles. Dr. WM. O'GORMAN contributes some "speculations" on the treatment of non-traumatic peritonitis. He advocates an incision through the abdominal walls where such a procedure is judged applicable, as, *e. g.* in any case of peritonitis with effusion. Dr. T. A. Studdiford writes on the nervous diseases of women, especially hysteria and myalgia. He recommends the bromides and tonics, but warns against the seductive power of alcoholic stimulants. Dr. Ezra M. Hunt has a sound and liberal article on professional ethics, an old subject, but by no means a written out one.

There are reports from sixteen counties, including quite a number of cases and practical suggestions, some of which we shall transfer to the pages of this journal ere long, for the benefit of a wider circle of readers. The climatology and epidemics of the State at large can be quite satisfactorily studied from these materials, and it is on the whole about as creditable a volume of Transactions as we have seen produced by any State in the year of grace, 1873.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JAN. 3, 1874.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE NEW YEAR.

With the incoming of this, the thirtieth volume of the MEDICAL AND SURGICAL REPORTER, we have increased our efforts to render it more agreeable to the eyes as well as more profitable to the minds of our readers. We have secured for it the assistance of several of the ablest and most popular medical writers of the United States, who will contribute regularly to its pages articles of practical utility, just such as the physician will find to his profit to read. In quality of paper and in typographical execution we intend to satisfy a critical taste; and in our endeavor to maintain the high position in medical journalism which the REPORTER has so long enjoyed in Europe and America, we shall avail ourselves of every valuable suggestion and technical aid which a lengthened experience and wide professional and business relations bring to our knowledge. To aid us in this, we ask our readers, through us, to benefit their fellows with the results of their experience. Let them remember the expression of Lord Bacon, that "every man owes a debt to his profession," and repay it by improving their profession to its utmost.

THE METEOROLOGY OF COLORADO.

So much attention having been drawn to the benefit of altitude in consumption, and so much having been asked about our Western Territories in this respect, we present below a series of thermometrical observations extending over a complete year, which were taken at Colorado Springs, Colorado Territory. This point is perhaps the climatic centre of the Territory, the Springs being at the base of Pike's Peak, where the Government signal station has been established.

There are two facts arising from the altitude of the country (nearly 6000 feet above the sea level), and the consequent dryness and clearness of the atmosphere, which very materially qualify the temperature, but the influence of which is scarcely manifested by the thermometer.

In the first place, there is a much more marked difference between the period from sunrise to sunset and the period from sunset to sunrise, than there is on ordinary levels. As has been remarked, a blind man could tell the moment at which the sun goes down, so immediately perceptible is the change of temperature. Hence the nights, even in the hottest part of summer, are nearly always cool and refreshing. And hence also a person forming his idea merely from the thermometrical readings would conclude that the winter is much colder than it really is. Two out of the three observations daily are taken at hours when, for the greater part of the winter season, the sun is not in the sky, and consequently give an undue predominance to the colder portions of the day; 7 A. M. is in truth, in the winter season, the very coldest hour which we have in the whole twenty-four.

The other fact is that when the sun does shine there is a much more marked difference here between the sunshine and shade than is ordinarily the case. The sunshine pierces through the air in the fullness of its power, but has comparatively little effect on

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he air which it does not reach, dry air being a poor conductor. It will be seen, therefore, that (all thermometrical observations being taken in the shade) the readings of the thermometer, of necessity, give a lower temperature than is felt, especially in the winter, for the sun shines almost continually.

WINTER.

Month.	Thermometer.	Mean of Day.	Day of Month.
Dec. 1871.	Maximum	54	28th.
	Minimum	14	17th.
	Range	40	
	Mean for Month	31 60	
Jan'ry, 1872.	Maximum	48	10th.
	Minimum	-9 6	24th.
	Range	57 6	
	Mean for Month	24 79	
Feb'y, 1872.	Maximum	49 6	22d.
	Minimum	12	5th.
	Range	37 6	
	Mean for Month	33 13	
	Mean for Winter 1871-2,	29 84	

SPRING.

Month.	Thermometer.	Mean of Day.	Day of Month.
March, 1872.	Maximum	50 6	5th.
	Minimum	21	16th.
	Range	29 6	
	Mean for Month	35 4	
April, 1872.	Maximum	64	25th.
	Minimum	28	8th.
	Range	36	
	Mean for Month	47 14	
May. 1872.	Maximum	72 6	26th.
	Minimum	38	1st.
	Range	34 6	
	Mean for Month	57 7	
	Mean for Spring, 1872.	46 78	

SUMMER.

Month.	Thermometer.	Mean of Day.	Day of Month.
June, 1872.	Maximum	75	24th.
	Minimum	48 6	8th.
	Range	26 4	
	Mean for Month	65 2	
July, 1872.	Maximum	75 6	14th.
	Minimum	56 8	5th.
	Range	18 8	
	Mean for Month	68 02	
Aug., 1872.	Maximum	74 5	20th.
	Minimum	52 3	9th.
	Range	22 2	
	Range for Month	68 34	
	Mean for Summer, 1872.	67 29	

AUTUMN.

Month.	Thermometer.	Mean of Day.	Day of Month.
Sept. 1872.	Maximum	69 3	2d.
	Minimum	44 6	24th.
	Range	24 7	
	Mean for Month	57 1	
Oct., 1872.	Maximum	62 7	3d.
	Minimum	31	29th.
	Range	31 7	
	Mean for Month	48 95	
Nov., 1872.	Maximum	50 5	30th.
	Minimum	6 5	14th.
	Range	44	
	Mean for Month	31 5	
	Mean for Autumn, 1872.	45 85	

As a pendant to the thermometrical observations above, we give a record of the state of the skies for the same period, viz:- the twelve months from December 1871, to November 1872.

WINTER, 1871-72.

Skies.	7 A. M. No. Days.	2 P. M. No. Days.	9 P. M. No. Days.
Totally Cloudy	8	9	7
Partially Cloudy	14	16	14
Clear	69	66	70
Totally Clear	44	45	56

SPRING, 1872.

Skies.	7 A. M. No. Days.	2 P. M. No. Days.	9 P. M. No. Days.
Totally Cloudy	19	17	15
Partially Cloudy	13	28	13
Clear	60	47	64
Totally Clear	49	28	47

SUMMER, 1872.

Skies.	7 A. M. No. Days.	2 P. M. No. Days.	9 P. M. No. Days.
Totally Cloudy	15	11	15
Partially Cloudy	18	35	19
Clear	59	46	58
Totally Clear	41	27	36

AUTUMN, 1872.

Skies.	7 A. M. No. Days.	2 P. M. No. Days.	9 P. M. No. Days.
Totally Cloudy	5	1	7
Partially Cloudy	5	12	11
Clear	81	78	73
Totally Clear	67	57	68

The figures given cannot fail to impress any one with the very large proportion of sunny weather. The record is divided into seasons, 91 or 92 days in each. It will be seen that in the winter season, at 7 A. M., there were sixty-nine clear days, of which forty-four were totally clear; at 2 P. M., sixty-six clear days, and forty-five totally clear; at 9 P. M., seventy clear, and fifty-six totally clear; or an average (taking the three observations) of sixty-eight clear days, forty-eight of which were totally clear. In spring, calculating the average in the same manner, there were sixty clear days and forty-one totally clear. In summer, there were fifty-four clear days and thirty-four totally clear. In autumn, there were seventy-seven clear days and sixty-four totally clear. Out of the whole three hundred and sixty-six days in the year, there were therefore two hundred and fifty-nine clear days (that is, days when there were but light clouds in the sky and the sun unobscured), and one hundred and eighty seven, or *more than half*, totally cloudless and clear.

Notes and Comments.

Children versus Crime.

Bertillon, in some interesting statistics relating to the population of France, laid before the Academie de Medecine not long since, stated that in a million married persons without children there is an average of 175 convicts yearly; while in the same number with children, there are but 109. In a million childless married men, 470 commit suicide annually, while in an equal number with children, only 205 make way with themselves; among married women the proportion was 157 to 45; widowers with children, 526; without children, 1004; widows with children, 104; without, 238.

Bad Effects of Thumb-Sucking.

A year or two ago a writer, whose name escapes us just now, showed that the habit of thumb-sucking in children leads indirectly to mental feebleness. Quite recently Dr. Horace Dobell writes to an English exchange:—"I have observed that a peculiar and rather common deformity of the chest is caused by the habit of sucking the thumb in infancy and early childhood. The weight of the arm on the thorax of the child during sleep, produces depression of the ribs in the line occupied by the arm when the thumb is placed in the mouth. As this is a very important effect of "thumb-sucking," never hitherto pointed out, I think it desirable to place this note on record for the benefit of other observers."

A Difficulty in Fetal Auscultation.

Dr. J. Braxton Hicks calls attention to a point with regard to the diagnosis of pregnancy and the life of the fetus, by means of the existence of the fetal heart sounds, which he had not unfrequently observed in the course of his practice, but which he does not remember to have seen in print, and summed up his observations as follows:—1st. That the number of vibrations of the abdominal muscles in a state of half-suspension can be distinctly counted, watch in hand. 2d. That their number and sound is so like those of a very rapid fetal heart that they may be mistaken for them.

The New Antiperiodics.

Several of these have lately been put to test, with no satisfactory results.

Dr. Burdel, who practices in Sologne, the most malarious district in France, on the Loire, pronounces the *Eucalyptus globulus* a failure in his hands. Indeed, nothing in that pestilential locality held its ground as an antiperiodic but quinine, and, what he ranks next, alcohol.

In Berlin, Dr. Curschman has given a full trial to carbolic acid, and reports that in his hands "it has proved absolutely inert." He gave it in eight well marked quotidians and tertians, "and saw not the slightest improvement in any one of them from its use."

Ischias from the Sewing Machine.

Sewing machines have often been accused of injuring those who work upon them for long periods, although sewing machine agents are very active in opposing such a view. Dr. Seeligmüller gives an example in the *Centralblatt*, for September 20th, of a woman fifty years of age, who, after four years steady work, was laid up with ischias, distinctly traceable to her employment. There was diminished electro-muscular excitability, atrophy, debility, pain and nervous prostration.

Effects of Bronchial Irritation.

The uncertain results obtained by experiments on the lower animals, at the cost of great suffering to them, are illustrated in a report by J. Sommerbrodt, in the *Archiv fur Experimentelle Pathologie.* He investigated the question whether primary irritation of the upper throat would lead to phthisis. For this purpose he inserted a loop of red-hot wire into the throats of rabbits and dogs, and fastened it there. The rabbits died in a few weeks with clear marks and symptoms of pulmonary phthisis; but in the dogs there only followed severe inflammation and ulceration of the trachea and larynx. Hence it depends on the constitution and not on the irritation, whether phthisis will follow or not.

Menstruation and Ovulation.

The entirely separate characters of these two physiological processes is argued by Dr. H. Beigel, in the *Wiener Medicinische Wochenschrift.* Further, conception is independent of menstruation. Young women conceive before they menstruate; in cases of double ovariotomy, women menstruate when they cannot conceive. Menstruation he defines as "a periodically recurrent sexual impulse," the exact signification of which expression is obscure to us.

Quinine in Rheumatism.

In the last volume of the *St. George's Hospital Reports* Dr. Barclay has a suggestive and practical paper, on the use of quinine during the alkaline treatment of rheumatic fever, so as to counteract the peculiar depression (of which phosphatic deposit in the urine is the sign) which is so often noticed during the progress of such treatment. It will be read with that confidence which the teaching of a master in his own department deserves.

The First "Toner Lecture."

Our readers will not have forgotten that Dr. John M. Toner, of Washington, instituted and endowed, two years ago, a series of lectures to encourage the discovery of new truths for the advancement of medicine. These lectures have been accepted by the Smithsonian Institution for publication in its Miscellaneous Collection.

The first of the course was by Dr. J. J. Woodward, his subject being, "The Structure of Cancerous Tumors and the Mode in which Adjacent parts are Invaded." Starting with a statement of the appalling fact that six thousand persons a year fall victims to malignant disease in the United States, the lecturer proceeds to examine thoroughly the minute anatomy of cancerous growths, and their relations to surrounding structures. The article embraces a thorough exposition of the views of European pathologists, and is illustrated with a number of sections, beautifully engraved and printed. It deserves to be studied diligently.

A Word to Our Friends.

In the busy hours of the short days that are upon us, let our friends and correspondents remember that sometimes mistakes will occur in our transactions, and we cannot help it; but we *can* and always *will* most cheerfully correct them. A wholesale grocer in New York appends the following words to his circular, and they are sound and sensible.

"Owing to our being always very busy here from June to January, we often make mistakes, myself, my clerks, in fact all of us here. You do sometimes, I suppose. When we are in error or make mistakes of any kind, please report, and I will rectify them instantly, as all my customers know we are in the habit of doing."

News and Miscellany.

Maryland Epidemiological Society.

At the last meeting the Executive Committee nominated the following officers for the ensuing year: For Honorary President, Professor Nathan R. Smith; President, Dr. James A. Steuart (Health Commissioner); Vice President, Dr. George W. Benson; Recording Secretary, Dr. J. E. P. Boulden; Corresponding Secretary, Dr. A. H. Saxton; Treasurer, Dr. Thomas B. Evans; Executive Committee, Dr. J. J. Caldwell, Dr. J. Harvey Hill and Dr. J. E. Atkinson.

Anatomy for Artists.

Dr. W. W. Keen proposes to deliver a course of Lectures on Anatomy for artists (both ladies and gentlemen), at the Philadelphia School of Anatomy, Chant Street, beginning at half-past two o'clock, on Saturday, January 3d, 1874.

The Legal Value of Teeth.

A curious law suit was recently tried in a New Hampshire court. A widower brought suit for damages to the amount of $5000 against a dentist who etherized his late wife and extracted more teeth than she meant to part with. It seemed to have been a blunder on the part of the dentist, and the jury, apparently being in doubt how far a husband suffered such injury from the loss of a jaw power on the part of the wife as could be compensated in damages, brought in a nominal verdict for the plaintiff.

The Healthiest City.

Charleston, South Carolina, claims to be "the healthiest city in the Union," because, in one week, the mortality, as shown by the return of the City Registrar, was three whites and fifteen colored out of a total population of fifty thousand, nearly equally divided between the two races.

Personal.

—Dr. C. F. Fahs, formerly of the Confederate Navy, died in Georgia recently.

—Dr. J. C. Hupp, of Wheeling, W. Va., was recently presented a cane by the colored citizens of that municipality, on account of his efforts in the cause of education.

—Dr. W. H. Rockwell, late superintendent of the insane asylum at Brattleboro, a position which he held thirty six years, resigning last August, died recently, aged sevty-four. He was a graduate of Yale, and was for years connected with the Hartford retreat.

—Hon. Shakspeare Caldwell, formerly member of Congress from Louisville, Ky., but now of New York, turned over to the poor of Louisville, on Christmas day, a handsome building for hospital purposes, which he had erected at a cost of $80,000. The edifice is to be called "The Hospital of St. Mary and St. Elizabeth, and under the charge of Sisters of Charity, but to be open for the reception of patients of every denomination. The gift is made in memory of Mr. Caldwell's wife.

—Chicago thinks of trying the experiment of a female assistant city physician.

—A nativity notice in a California paper says: "Born—A son, a regular fifteen-pounder, to the wife of Elder Manheim, the eloquent expounder."

QUERIES AND REPLIES.

Medical Statistics.

MESSRS. EDS.—Can you inform me where I can get recent and full statistics of the Homœopathic and Regular Schools of Medicine? DR. S. H. B.

Reply.—For the United States, Toner's *Medical Directory*, when out, will be full and reliable. The *Medical Directory* of Great Britain will give information for that country.

Amyl Nitrite.

Inquirer.—This substance is derived from the reaction of fusil oil and nitric acid under heat. A *nitrate of amyl* could not be substituted for it.

Evolution.

MESSRS. EDS.—Does the theory of evolution necessarily imply that man is a descendant from the monkey tribes—the anthropoid apes?

DOUBTER.

Reply.—It does not. There are strong anatomical reasons to deny such descent; nor does any evolutionist of eminence, so far as we are aware, teach such a theory. The proximate brute ancestors of the species man have not yet been identified.

MARRIAGES.

GOTWALTS—ROYER.—At the residence of the bride's father, Collegeville, Montgomery county, on the 4th instant, by the Rev. J. H. Bomberger, Jacob V. Gotwalts, Esq., of the Norristown Bar, and Miss Ettie, daughter of Dr. Lewis Royer.

PALMER—HART.—In Brooklyn, on Christmas Eve, by Rev. Alexander Reed, D. D., Charlotte Newell, only daughter of Samuel Hart, M. D., and David Palmer, of New York City. No cards.

POMEROY—KING.—In Paris, France, on Wednesday, 26th of November, at the Church of the Holy Trinity, by Rev. I. B. Morgan, S. Wyllys Pomeroy, Jr., of Boston, and May J., third daughter of David King, M. D., of Newport, R. I.

DEATHS.

DOWNING.—At Wappinger's Falls, Thursday, Dec. 11, Sophie E. C., wife of Dr. John C. C. Downing, and daughter of Sanford Cobb.

DURYEE.—On Tuesday, Dec. 16, at Newark, N. J., Peter Sharpe, only child of Dr. John L. and Amy J. Duryee, aged 8 months.

HUDDLESTON.—At Glen Mills, Delaware county, Pa., on Saturday, December 14, 1873, of pneumonia, Caroline P., wife of Dr. J. T. Huddleston, aged 63 years.

HUNTER.—In this city, on Thursday evening, 11th inst., Elizabeth A., daughter of the late Abraham T. Hunter.

IRVIN.—In Aledo, Mercer Co., Ill., July 7th, 1873, Mrs. Jane W. Irvin, wife of George Irvin, M. D., aged 36 years.

LOINES.—At Mt. Vernon, on Monday, Dec. 15, Jonas P. Loines, M. D.

PETERS.—On Friday, Dec. 12, 1873, at her residence, No. 12 West 29th st., after a short illness, Julia, wife of George A. Peters, M. D., and daughter of the late George Coggill.

RICHARDSON.—At Stapleton, Staten Island, on Sunday, Dec. 7, Dr. George N. Richardson, of Richmond, Va.

ROBERTS.—At the residence of his son, No. 93 East 10th st., on Dec. 9, 1873, Dr. William C. Roberts, Vice President of the New York Academy of Medicine, aged 64 years and 3 months.

SANDS.—On Sunday, Dec. 7, Sarah M., wife of Dr. H. B. Sands, aged 32 years.

UNDERHILL.—On Sunday morning, Dec. 7, at his late residence, No. 45 East 20th st., Alfred Underhill, M. D., in the 65th year of his age.

WILLARD.—At the residence of his son, Mr. J. H. Willard, at Council House, in the Choctaw Nation, on the 28th of November, 1873, Dr. S. M. Willard, in the 62d year of his age.

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Original Department.

Communications.

SOME PRACTICAL HINTS FOR THE TREATMENT, AND FOR THE PREVENTION OF UTERINE DISORDERS.

BY WILLIAM GOODELL, M. D.

Physician in charge of the Preston Retreat. Clinical Lecturer on the Diseases of Women and Children, in the University of Pennsylvania, etc.

(*Continued from No.* 879.)

Retroversions and Retroflexions.—For these forms of displacement, and for those forms of prolapse in which the womb is not unduly lengthened out, Hodge's closed lever pessary is one of the best. When fitting properly, it acts physiologically by propping up the dislocated fundus, and by restoring the posterior wall of the vagina to its natural length. Again, since its anterior bar plants itself firmly against the posterior surface of the pubic symphysis, or against the angle formed by the converging rami of the pubic bones, it offers a very efficient and powerful support. It will not, however, always answer. Whenever the relaxation of the parts is great, or the vaginal portion of the cervix has disappeared, as it sometimes will through senile atrophy, or through the stripping off of the vagina by the upward traction of the womb in repeated pregnancies, the physician may be driven to the globe-, or to the ring-pessary. But this alternative should be deemed a misfortune, for all pessaries which distend the vagina at the expense of its length are mere makeshifts. Such instruments cannot effect a cure, since by overstretching the vagina laterally, and by thus impairing its tonicity, they weaken this great supporting column of the uterus, and, in prolapse, tend to confirm the usual cause of the displacement. Further, the ring-pessary is not trustworthy, and needs watching, for it is liable, by its elastic pressure, to excite ulceration and to become buried up by over-arching granulations. In this manner it sometimes eats its way into the bladder or the rectum. There are few physicians with a large uterine practice who have not had to dissect out a ring vitally imbedded in the vagina. Another very great objection lies in the fact that, when made of poor and brittle rubber, as these pessaries usually are, they crack at one place or more during the process of their introduction; and then, sooner or later, by the rusting of the steel wire at these points, they spring open. This accident I have so repeatedly seen as to make me timid about using them. When the base and neck of the bladder are very sensitive, or when, as in some old women, the vagina has lost its elasticity and is shortened, Cutter's pessary answers a very admirable purpose. It is practically a Hodge pessary, having an external fulcrum attached by an elastic band to an abdominal belt.

My friend, Dr. Albert H. Smith, has made a modification of Hodge's pessary to which I am very partial, the more so because it meets several very important indications. The healthy vagina is a cone-shaped tube, widening out above and narrowing down as it approaches the vulva. Its uterine por-

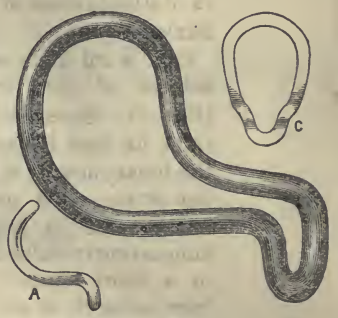
tion is thin, membranous and almost devoid of muscular fibre; while its lower portion is rich in elastic and muscular tissues, and powerfully acted upon by the strong muscles of the perineum. Now, Hodge's pessary being of a uniform width throughout, in fact, a parallelogram in shape, will often unduly stretch laterally the vulval, viz., the narrowest, portion of the vagina, while it too loosely fits the uterine portion. The pressure being unequally distributed, is liable not only to irritate the points of firmer contact, but also to cause the pessary to tilt over on its side, or to become otherwise displaced. Again, its front bar, by pressing upon the pubic bones, may irritate the overlying soft parts, and may also so compress the urethra as to make micturition painful. To avoid these defects, and also to distribute the pressure in front over the surface of the anterior vaginal wall, which responds to the movements of the diaphragm, Dr. Smith slightly narrows this pessary anteriorly, and then bends the tip thus rounded sharply downwards, at almost a right angle.

The Hodge pessary is readily moulded into this shape in the following manner:—The *anterior part only* is either dipped into boiling wax or lard (the temperature of boiling water is not high enough), or else is buried in sand heated to about 350° Fahr. When sufficiently plastic, the uterine, viz., the unheated, portion of the pessary, with the concavity of its curve looking downward, is grasped by the thumb and fingers, and so compressed that the anterior portion of each lateral bar slightly converges towards its fellow. While still undergoing this pressure, the pessary is quickly carried to a deep wash-basin, one-fourth full of cold water. The tip is now bent almost at right angles by pressing it for a moment strongly against the dry surface of the basin, over which it is then made quickly and firmly to glide down into the water below. The contact with the water at once "sets" the pessary in the desired shape. The sand bath is certainly the handiest and cleanest way of moulding these pessaries, but, unless carefully watched, it is liable to overheat and spoil some of them.

This form of pessary I can confidently recommend as one that will best fit the large majority of cases ordinarily met with of retroversion, retroflexion, or of prolapse. By comparing a Hodge pessary with Fig. 6 the alterations in shape will be at once seen. A side view is given at A and a front view at C.

Whenever the body of the womb is too tender to bear the pressure of this hard rub-

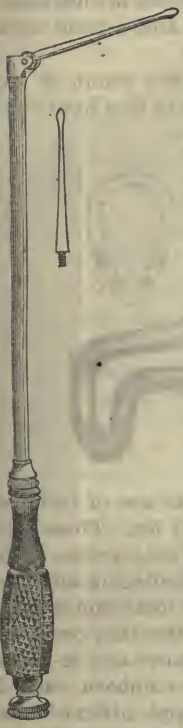
FIG. 6.



ber pessary, the provisional use of inflated rubber rings will be called for. These air-cushions must be used in conjunction with local depletion, with intra-uterine applications of carbolic acid as a local anæsthetic, and with the hot douche, the last, provided the woman can herself remove and re-introduce this pessary. Some stubborn cases I have overcome by a free application of fuming nitric acid to the uterine cavity. Whenever these inflated rings cannot be procured, wads of oakum or sponges dipped into a weak solution of carbolic acid will answer as very good substitutes. The distressing pelvic pains and aches which torment these patients will be greatly alleviated by passing into the vagina, at bedtime, a suppository containing one grain of morphia and two of the extract of belladonna.

In most cases of retroversion or of retroflexion it will prove advantageous to stretch out the contracted utero-sacral ligaments by the repositor (Fig. 7). This instrument is used by introducing the stem into the uterus, and then giving varying angles to it by a screw in the handle. In this manner a retroverted womb can be temporarily forced into a state of anteversion. The womb when flexed should also be straightened out, by giving varying curves to the sound; or by first seizing and drawing down the cervix with the volsella, and then pushing up the fundus by a finger passed up either into the vagina or the rectum. By this manœuvre a retroverted womb can also be readily redressed; but it is then best not to push the fundus directly upward over the jutting promontory of the sacrum, but some-

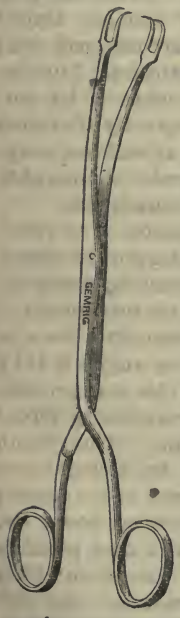
FIG. 7.



what laterally, so as to make it skirt this bony shelf. As will be seen, under its appropriate heading, the uterine dilator bids fair to do much good in obstinate cases of retroflexion.

One word here on the subject of the volsella (Fig. 8). Since it maintains its hold better than the tenaculum, it is to me one of the most precious instruments in my bag, amounting in value almost to a third hand. Apart from using it, as above described, in redressing or straightening out any kind of version or flexion of the womb, it subserves other useful purposes. By hooking down the cervix and holding it steady, it materially aids in the introduction of sponge-tents. For the same reason, upon the removal of the tent, it renders the exploration of the uterine cavity with the finger very much easier than by the usual plan of forcing the womb down upon the finger by supra-pubic pressure, a procedure always painful, and in a fat woman, very difficult of execution. By thus lowering and fixing the womb, it facilitates very materially the removal of intra-uterine polypi, or the scraping away of benign or of malignant growths from the cervix or the fundus. In such cases, I usually apply it without the aid of the speculum, and generally seize hold of the anterior lip. In redressing versions, a mechanical advantage is gained by seizing hold of that lip whose name does not correspond with that of the version. Thus, in retroversions the anterior lip is seized; in anteversions, the posterior lip. But in flexions, as one object of the traction is to stretch out the flexed side the most, that lip should be seized whose name corresponds with that of the flexion. This advice is theoretically correct; but it may not always be found practicable. Let me here state that I teach all right-handed students to use the left hand for making uterine examinations and for other internal work. This leaves a clean right hand for manipulating the various instruments and for any necessary outside work.

FIG. 8.



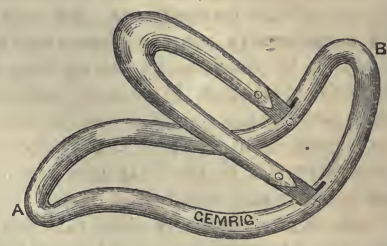
Anteversions and Anteflexions of the Womb.—Since these conditions are more or less the natural ones of the nulliparous or of the healthy uterus, and especially so when the bladder is empty, it by no means follows that every case of hysteria or of pelvic irritation exhibiting these forms of displacement requires a uterine treatment. I am led to make this remark, because a congestive irritation, or, perhaps, an inflammation of one ovary, or of both, is often at the bottom of symptoms usually referred to the above displacements, and because many a hysterical woman has, consequently, been unfortunately subjected to a purely uterine treatment, when it should have been a moral one, or a constitutional one, or, at the most, an ovarian one. The paramount influence of the unseen ovaries over body and mind is too much overlooked. With much truth it has been said, that anatomically we may speak of the "womb and its appendages," but that physiologically the womb is really an appendage of the ovaries. True, the contiguity of these structures, and their intimate nervous, vascular and functional relationship, make them so mutually dependent, that a disease in the one is very likely to beget a derangement in the other. But, without committing myself to the doctrine that hysteria in woman is, primarily or secondarily, always an ovarian expression, I am sure that it is often present when no lesions whatever can be discovered in the uterus proper. Hysteria is pre-eminently a disease of the unmarried, of the newly married, and of the sterile. But, since in them the womb is naturally anteflexed and anteverted, so this physiological condition is liable to be mistaken for a pathological one, and to be treated, that is to say, maltreated accordingly. The diagnosis is, therefore, not always clear, but, when dysmenorrhœa is present, when the womb is mark-

edly tender or congested, or it exhibits other unmistakable objective evidences of disease, when, in addition, the marriage is an unfruitful one, then may the hysterical and other subjective symptoms be intelligently referred to the uterus proper as the primal cause.

Since typical examples of pure anteflexion alone, or of pure anteversion alone are rarely to be met with, the one lesion usually blending with the other, the same kind of treatment for each will often answer. By the same means as were described for cases of retroversions and of retroflexions, but of course in an opposite direction, the utero-vesical folds of the peritoneum must be forcibly stretched out, and the womb, when bent, straightened out. This should rarely be done oftener than once a week; in the meantime anodyne vaginal suppositories at bedtime will usually be very grateful. At each visit local depletion and topical remedies will also be generally called for. Since, as has been remarked, these forms of displacement more commonly occur in unmarried or in sterile women, the cervical canal is often tortuous and contracted. Tents of sponge, or of laminaria, or of slippery-elm bark will, therefore, be needed as auxiliaries to the treatment. This method of cure, however, being tedious and unsatisfactory, I have lately, with great success, been treating these cases by forcible dilatation; an operation which will shortly be described.

The treatment of this class of displacements by pessaries is by no means so satisfactory as in the former class. No two cases can in this respect be treated exactly alike. The difficulty lies in the construction of an instrument that shall lift up the body of the womb by pressure made in front of the cervix, without irritating the bladder through which the support must be communicated. By pushing the cervix forward the Hodge pessary will sometimes, in pure cases of anteversion, tilt the fundus backward off from the bladder. Sometimes in anteflexions, by sharing with the bladder the weight of a congested womb, it will alleviate the vesical distress. Again, this instrument, in conjunction with an abdominal brace, will at times give much comfort. In a few selected cases Thomas' anteversion pessary will act admirably; but in the majority it cannot be borne. It has, however, served me some very good turns, and I, therefore, give a cut of it. (Fig. 9.) It is practially a Smith-pessary armed posteriorly with a movable bow, which is added to make pressure upon

FIG. 9.



the fundus uteri. In its introduction and removal some degree of knack is needed. After closing it, it is introduced and lodged behind the cervix, just like a Hodge pessary. Then, by insinuating the index finger between the bow and the pessary proper, the former is prized up and swung forward. Since, in the removal, the bow flaps back on the posterior bar (B) and tightly pinches the cervix, the latter must be pushed upward out of the gripe by means of the index finger. This sleight of hand should be taught to the patient, so that she herself may be able to remove the pessary, or to explain the method of its removal to a physician ignorant of its peculiar construction. Otherwise, he will tug away in vain at its anterior bar (A), and be at his wits' end to know how to get it out of the vagina.

The ordinary globe- and ring-pessaries will occasionally answer when other measures fail. Of all mechanical agents, I have, in the long run, found the inflated ring pessary to be the best. This soft-rubber air-cushion can generally be well borne, while, by the admission of the cervix into the opening in its centre, the fundus is tilted off from the bladder. This pessary has, however, three grave faults: it over-distends the vagina; it soon becomes useless by collapsing; it is very liable to generate offensive discharges. Yet, in spite of these objections, I am often driven to its provisional use, while resorting to such measures as are calculated to relieve the congestion, for after all this is the marrow of a successful treatment.

My experience with the intra-uterine stem pessary has not been very encouraging. It may be a very excellent pessary; it certainly is a very good one, to watch. In a very few cases of anteflexion it has answered admirably. In the majority the womb has resented its presence. In one case a smart inflammation set in, which kept my patient confined to bed for two weeks. In

another, the agony was unbearable. Their use involves so much care and anxiety that I have pretty much discarded them from the treatment of the out-patients. In private cases I occasionally use the glass-stem pessary, which is the least irritating one, but which tends to slip out. Chambers' hard rubber stem pessary has recently been so lauded by the British medical press, that I intend to give it a fair trial. In the only case in which I have thus far employed it, so much irritation was excited that its removal became imperative within six hours after its introduction. By being split into two portions, which spread apart, this stem has the great merit of not slipping out, and that, I fear, is its sole merit. But, with regard to intra-uterine stem-pessaries, my own conviction is that they have had their day, and that, since the discovery of the method of rapid dilatation, they will in the future be occasionally used for a few days, and then only after this operation.

Before quitting this subject, I should add that Hewitt's modification of the Hodge pessary has, in my hands, occasionally given great comfort, after the failure of every other kind of pessary. It is, however, like its fellows, adapted only to single and isolated cases, cases which cannot be determined beforehand. From the foregoing record of my experience with pessaries, it is plain that he who, in anterior displacements, trusts to mechanical means alone, is doomed to disappointment. He, on the other hand, who combines the therapeutic with the mechanical treatment, will meet with the greatest success. Under the next heading I purpose to give an additional method of treating this stubborn class of flexions, which will, I believe, in the great majority of cases, yield the very best results.

(To be Continued.)

THE TREATMENT OF SMALL-POX.

BY DR. A. VON MANSFELDE,

Of Chicago.

Carefully considering the pathological condition of a small-pox patient, what may we do for him? Not for the disease; we leave that to itself; it knows its course; nature has provided for that. What are the remedies at our command?

Vaccination. Dr. Marson says that this blessed tool of the immortal Jenner will prevent small-pox, if used even three days after exposure to small-pox.

Dr. Furley, London *Lancet*, declares that vaccination will, even after this period, moderate that disease, and prevent suppurative fever.

Dr. William Marchat, London *Lancet*, asserts that up to the eighth day after vaccination a person may take small-pox, but that after that day no such event is possible.

We grant all this, and ask simply, What is the modus of action of vaccine virus?

Dr. Ballard says: For the development of vaccination pustules and virus, a pabulum is necessary; so it is for a small-pox pustule and virus. *E nihilo nihil fit*, and the former uses this to the detriment of the latter.

Dr. Furley: "From my experiments I am led to the conclusion that protection against small-pox is the actual presence of lymph in the blood, and that the pabulum of vaccinia or variola is the pabulum of any other cell-formation."

We heartily concur in the latter conclusion, as our explanation of small-pox development agrees with it, but by no means commit ourselves to these hypotheses, for these assertions are nothing else, as they do not prove anything.

Our belief is this. The virus of vaccinia enters the blood in the same manner as the poison of small-pox, and lodges in the same set of cells, and nowhere else, and the influence it has is a modification of those cells, in the qualitative sense; whether this action be exerted upon the cell walls or the cell contents we are not prepared to say, but we are well able to explain from this footing any of the assertions of the above mentioned gentlemen, or any of the known consequences of a good vaccination. Let us see.

Dr. Marson declares that after a certain period vaccination cannot prevent small-pox; this is easily explained by the fact that the cell, once modified by the variola particle, is not likely to be again changed to the right by a substance in its own action favoring the same pathological condition; but before suppuration commences again, we comprehend Dr. Furley in asserting that vaccination does modify the disease, even if already in the body when operated upon, for as long as this may enter the organs concerned, there is no reason to doubt the peculiar influence upon them.

We also comprehend the non-action of

small-pox matter after the eleventh day of vaccination; since then the metamorphosis of the cells is completed, and the action of one is counterbalanced by that of the other.

Finally, we perceive why it is possible that the child in utero may have small-pox and not the mother, the latter's rete mucosum or cells of malpigii being charged priorly, either by the disease itself, or by vaccination. We also well understand the danger to the child in utero, by the mother's vaccination, the latter being almost identical with small-pox in the adult human being, as to its effects upon the epidermis and corion of the fœtus.

Vaccination is a good remedy for small-pox, and should be used thus: Apply your vaccinia at least at three distinct places, on either arm, in the usual manner, as soon as you think the patient *may* or *will* have small-pox.

Other remedies: Anything that will delay the primary irritation, followed by remedies that will prevent *higher nutrition* as long *as possible*, and such are sedatives internally and externally applied, and of all of them, we think none better than glycerine and carbolic acid externally, mixed with a little aconitine. Internally the same acid alternating with some cool saline drink, as citrate of magnesia and the like. The body should be washed as often as possible with cool water, saturated with carbolic acid soap; after such ablutions, the above mentioned application should be made.

Stimulation, either by food or medicine, is positively not indicated, until suppuration is fairly advanced, and in no case should it exceed two-thirds of the wants of a healthy body; it should be ascertained, if possible, how much of food the patient was wont to digest, when healthy, and how much of such food his avocation requires. We believe that more patients are killed with stimulation and over-feeding, than suffer death by the opposite extreme, and our assertions, we doubt not, stand well braced, if our theories of the disease prove correct.

Remedies for Furunculosis.

The tendency to the frequent recurrence of crops of boils and styes is in some cases extremely annoying. M. de Savignac says he has always succeeded in effectually checking them by the alternative use of glauber salts and arsenic, the latter constitutionally, the former as an occasional purgative.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Service of John H. Brinton, M. D., one of the Surgeons to the St. Joseph's, and to the Philadelphia Hospital, etc.

SURGICAL CLINIC,

Wednesday, December 17th, 1873.

[Reported by Dr. John M. Keating, Resident Physician.]

Gentlemen:—In accordance with my custom, I shall first exhibit to you, this morning, the results of our practice and operations on previous days. Here is the man upon whom, on the third day of this month, I operated for phimosis. You will recollect his case, and that I was impelled to the operation by the evident existence of a soft sloughing chancre beneath the inflamed and swollen prepuce. The foreskin was slit freely up, and the bleeding surfaces of the incision as well as the subjacent chancres were thoroughly cauterized with nitric acid.

Although in a general way deprecating cutting operations, when possibly inoculable sores exist, in this case I deemed it justifiable for the reasons then set forth. The active application of the fuming acid was, I then thought, sufficient to prevent auto-inoculation of the freshly cut edges. Observe the result: the chancroids have been entirely destroyed and have healed; no extension of the sores to fresh tissues has occurred; the divided edges of the foreskin have granulated and have cicatrized, and the man is well locally. Nor do I believe that any additional danger of constitutional infection has been incurred. The man has not been put on any constitutional treatment, nor shall I now do so. His case will, however, be carefully watched, and should any indications in that direction arise, they will be promptly attended to.

The next patient you will scarcely recognize, so marked has his improvement been. He is the man who was suffering from acute inflammation and suppuration of a thigh stump. I opened the abscess before you, freeing many ounces of pus which had burrowed beneath the fascia lata, and which was doing great mischief, both local and constitutional. He was at that time very adverse to operation, and still is, but I am under the impression that the shaft of the femur may possibly be concerned in his trouble, and that a further exploration may become necessary. You will probably, therefore, have the opportunity of examining this case again.

Urethral Stricture.—I wish now, gentlemen, to resume the remarks with which I closed my last lecture, touching urethral stricture. In illustration of what I have already told you, and of what I shall say to you this morning, I here bring before you three patients, all suffering from the affection in question. I shall epitomize their clinical histories, and shall endeavor to

frame or fit them, as it were, into a general description of some of the characteristics of this malady.

One of these men, McQ., aged 45, first contracted a gonorrhœa twenty-five years ago. No symptoms of stricture followed for many years. He entered the army, and trouble in urination first appeared during the Virginia campaign of 1863. Since then instruments have from time to time been introduced, but always with difficulty. For some months past he has had very frequent micturition. He came into this house three days ago with retention. Dr. Perry, one of our residents, introduced, after repeated efforts, a whalebone bougie, and over that a tunneled catheter into his bladder, drawing off a large quantity of urine.

The second case is that of Henry C., aged 49; he has had gonorrhœa frequently, followed during the last six years with great difficulty in passing his water. During this time attempts at instrumentation have been made by different surgeons, sometimes successfully and sometimes not. He now passes his water by driblets.

The third case is a man of about 28. During the last ten years he has had several attacks of gonorrhœa, giving rise to a tight stricture at the membranous urethra. He came into the hospital complaining of inability to pass his water. The stream of urine was very thin and slender, passing at frequent intervals, and accompanied by irritation.

In my last lecture I alluded to the symptoms of stricture, which I will now just recall to your memories; to wit: *first*, a small attenuated stream of urine with diminished propulsive force; *second*, a forked, spiral or twisted character imparted to the jet of urine; *third*, straining in urination; *fourth*, pain, referred to the seat of stricture, the head of the penis, or to the supra-pubic region; and, *fifth*, frequency of micturition. I also told you, that in judging of the flow of urine, you should always let your patient make water before you. To illustrate the value of this charge, I will ask these three men to urinate in your presence, so that you can judge for yourselves; and I will afterwards ask them a few questions.

You will notice, if you please, the character of the respective streams. In the first case, the urine does not jet at all; it passes in drops; it is only a dribbling. It has no propulsive force whatever. In the second case the jet is forked and divided, flying from the meatus as if there were two or three orifices instead of one. In the third case, that of the youngest man, the stream is continuous, although very slender. It is, moreover, twisted, although I think that the twisting here is owing to traction exerted upon the lower edge or extremity of the meatus by the tightened frenum, since I notice that the man has strongly withdrawn the foreskin from the gland. I direct him to allow the prepuce to roll forward again. As he does so, the frenum is loosened, the tension on the meatus relaxed, and the stream becomes more natural. This is a little clinical fact which you will do well to remember.

I will next put to these men the same question. Do you strain much before the flow of urine occurs? The answer in each case is in the affirmative, the man McQ. adding that he frequently stands for several minutes without voiding a drop. I then inquire as to pain during micturition. This is present to a greater or less extent in the three cases. It is described as a burning or scalding sensation, and by two of them is referred to the seat of stricture, and by one to the head of the penis. In two patients the pain is greatest just at the commencement of the flow, in one, as the stream passes out. Then, too, as to the frequency of micturition. In the youngest patient this is not greatly increased. The two other men tell me, however, that they rise twelve or fifteen times in the night, to empty their bladders. They say that they rarely pass three-quarters of an hour in the daytime without an attempt at urination, and that oftentimes these efforts have been at intervals of not more than ten or fifteen minutes.

It is well, too, to examine the character of the urine passed in stricture. I do so now, in a cursory way, and at a glance observe a notable change in the urine of the two worst cases. The fluid is flocculent, has a deposit, and evidently contains not a little mucus and pus. There is doubtless, in both of these cases, more or less vesical irritation, dependent upon chronic cystitis. You notice that the alteration of the urine is present in those men who complain most of pain preceding and in the early stages of micturition.

Thus, gentlemen, in a very few minutes, by means of one or two well-directed questions, we have examined this little group of patients, and probably every one of you is mentally convinced that stricture is present in each one of these men. Doubtless this is the case; but, to obviate all doubt, and to verify the diagnosis, a further examination, namely, that by the instrument, must be made. You cannot, in fact, in any case involving the flow of urine, rely upon any single, or even upon a group, of rational signs. You must always, in addition, resort to instrumentation.

Now, how shall I examine a case of stricture by the instrument? In the following manner: I direct my patient to drop his pantaloons, and to rest upon the edge of a sofa or bed, with his hips well supported, and with his feet drawn up. I place a pillow beneath his shoulders, so as somewhat to relax the abdominal muscles. If the weather be cold, or if the patient be under examination for the first time, I carefully wrap up each limb separately, and also cover his body and chest. I am very particular in this matter, for I am quite sure that the more care you take of your patient, the less will be his nervousness, and, as a rule, the more satisfactory will be your own examination. The introduction of an instrument into the urethra, especially when done for the first time, is always a source of dread.

Lessen, therefore, the shock to your patient by all means in your power.

I have told you that, as a rule, it is more convenient to examine a patient in the recumbent posture. If you like, you may introduce the instrument as the patient stands upright before you; or, you may allow him to rest upon a sofa, and you may stand or sit beside him. For my own part, however, in difficult cases I usually put my patient in the position I have described. I then select the instrument I intend to employ, and, if examining for stricture, this is usually a Thompson's metallic bougie, No. 8, or 9, or 10. I then warm the instrument and oil it well, or, better still, I inject into the urethra, with a small hard-rubber syringe, a little sweet oil.

I will in this manner explore the urethra of the second of the patients before us, using the sound, say number 9 of the English scale. As you see, having warmed and oiled this instrument, I carry it carefully down the urethra, taking care to avoid the lacuna magna on the upper wall, not far from the meatus. Having passed this point, and as the instrument descends, I cause it to follow the upper urethral surface. There is no difficulty whatever in keeping the point of the sound in any relative position you may desire. The secret in this matter consists in handling the instrument properly. See how this is effected. As I now hold the sound, the pressure of my thumb is opposed to that of the index and middle fingers. By sliding my thumb, which here acts as a fulcrum, upward and downward upon the instrument, I change the leverage, and am thus enabled to direct the point of the sound at pleasure. I preferably select the upper wall as being free from lacunæ or pouches, and also because I am less exposed to do damage by injuring the lower wall at the point of juncture of the spongy and membranous urethra. As I approach this last mentioned locality, my instrument is arrested and I feel that I am in contact with the stricture. The resistance I here encounter is firm and decided, and if I press slightly with the sound, as I am now doing, the patient experiences pain. The passage appears to be blocked. I sweep the point of the instrument around, and essay each portion of the urethra, but it does not advance. The diagnosis is now made out; we have undoubtedly to deal with a stricture, and a tight one.

What shall I do next? I have decided, during the last minute or so, as to my course. I shall endeavor to pass a small instrument of some sort or other through this stricture. I shall then be able to determine its extent, and the treatment. In all probability I shall endeavor to dilate this stricture as rapidly as may seem safe. The man's condition is not at this moment at its best; else I should use the rupturing instrument of Mr. Holt, as being speedy, and in properly selected cases, I believe not unsafe. As it is, I shall here employ dilatation, and shall proceed thus:—

I hold in my hand an exceedingly fine whalebone bougie. Its lower extremity is almost as slender and flexible as a hair, really capillary in its nature. It terminates in a very small oval probe end. The whole instrument is finished with great care, and is perfectly smooth, flexible, and I believe in every respect to be relied upon. I make these bougies myself, preferring them to those which are provided by the instrument makers, which usually are too stiff and unyielding. With a little mechanical skill, a sharp knife, and a piece of emory paper, any one can make one of these in less than five minutes. The split whalebones can be obtained by the gross from dealers in hatters' materials.

In introducing these fine whalebones you must not expect that the first one will necessarily pass the stricturing band; usually it will not; its point may be caught in a lucuna of the mucous membrane, or it may miss the opening in the stricture, and be arrested by the stricture itself. If this should happen, retain the whalebone in position, and insert another by its side. If this second passes, well and good; if it should not, leave it in position and put in a third one, and so on, until the lacunæ and points of obstruction are occupied by your bougie points, when eventually one will pass the stricture and reach the bladder. You can tell that such is the case by the ease with which the instrument can be slid up and down. You will then have the last whalebone in situ; withdraw the others and proceed to the next step of the operation.

This consists in passing down over the whalebone a metallic catheter with a bridge on its extremity, for the extent of a quarter of an inch; underneath this, of course, is a sort of tunnel, as you may observe by examining the instrument in my hand. Through this tunnel the whalebone is passed, and the metallic catheter is carried directly down to the stricture. If the stricture be not very tight it will usually pass through, gliding on its director. If the opposition at this point is very decided, I have found great advantage by resorting to the following little manœuvring: withdraw the whalebone to the extent of an inch, until the finer conical part alone remains in the grasp of the stricture; then firmly grasping the whalebone and catheter between your thumb and finger, carry both instruments simultaneously forward, and the chances are that they will pass the stricture and enter the bladder. The whalebone should then be taken out.

By these means, I believe that you can always succeed in penetrating any organic stricture, the result of disease; I am not now speaking of traumatic cases, for in them my experience has not been sufficiently great. But in organic strictures, of gonorrhœal origin, I honestly believe that you will always succeed, provided you are patient, gentle, and possess a fair amount of dexterity. You may not succeed on the first day; it may be necessary for you to give your patient more than one sitting; but

sooner or later you will succeed, if you persevere in good faith, believing that you will succeed in the end. I have thus treated a great many cases, and I have never yet failed, save in one single instance, when I first began to use this instrument, and essayed a stricture which had just been submitted to the divers manipulations of several surgeons. If I had that patient now, I would succeed.

And here let me give you one piece of advice, a hint I consider all important in this connection. It is simply this: if you expect to pass a tight stricture by means of these whalebone bougies, you must not employ them after endeavors have been made by other instruments at *the same sitting.* If you do you will fail, in all probability. I can scarcely understand why this should be, but so it is. Perhaps it may be that the contact of other and larger instruments upon the mucous membrane around a strictured orifice may so change, deform, or close the opening as to render it difficult for the finer instrument to effect the passage. But let the explanation be what it may, I give you the clinical fact, and the caution I have expressed. If you forget it, you will some day recall it by unpleasant experience. It has been urged by some, in opposition to this treatment, that such fine bougies are apt to penetrate the mucous membrane, and to produce false passages. I do not think that this objection is well founded. I have never known such an accident to occur, and I do not believe that these instruments are one whit more dangerous than the ordinary appliances for treating stricture.

I have not yet spoken to you of the authors of this plan of treatment. The application of the *tunneled* catheter upon a fine whalebone guide, is due to Drs. Van Buren and Gouley, of New York.* The instruments I show you are known by the name of the latter gentleman, who has written a good deal in favor of this method of treatment. The general principle of using a smaller instrument to guide a larger one in dilating a stricture, is not, however, novel. It has been practiced by Maisonneuve, of Paris, and by Wakly, of London. More than twenty years ago I saw Dr. Pancoast, of this city, slide a metallic catheter into the bladder over a fine catgut, previously insinuated through an obstinate and indurated stricture, and this has long been, I believe, a favorite procedure with him. But the credit of the application of the filiform whalebone to the tunneled catheter is undoubtedly due to the two eminent New York surgeons I have already mentioned.

I will now develop before you, practically, the merits of the method I have just described. The patient on the table has a very tight stricture. It has already been twice passed, as I have told you, and I shall try and do so again. See, I carry this whalebone to the stricture. It is arrested. I take another and pass it by the side of the first. It reaches the stricture, engages it, passes it, and has now entered the bladder. The facility with which I can move it up and down assures me of this fact. I now slide down the whalebone a tunneled metallic Gouley's catheter of the smallest size. It, too, is arrested by the stricture, which is very tight. But by a little gentle manipulation—no force, remember—by withdrawing the whalebone for an inch or so, and then sliding on, simultaneously, both instruments, the catheter traverses the stricture and enters the bladder, and as I remove the stylet-plug, the urine flows. I shall now withdraw the catheter, and having thus demonstrated the feasibility of penetrating this apparently impermeable stricture, I trust to be able to dilate the passage to its normal calibre by means of the ordinary flexible instruments. But as we are now bringing up a fresh topic for thought, and one which demands earnest consideration, I shall defer my remarks thereon until my next lecture.

* Since the above lecture has been placed in the printer's hands, a letter has been published by Dr. Gouley, in the New York *Medical Record*, of Dec. 15th, 1873, in which he claims that he is the inventor of tunneled urethral instruments.

CLINICAL CONTRIBUTIONS TO OPHTHALMOLOGY.

BY P. D. KEYSER, M. D.

Diphtheritic Conjunctivitis — Complete Recovery.

On Dec. 21st, 1871, Ida Zimmerman, one year old, was brought to my clinic at the Philadelphia Eye and Ear Infirmary, with a well developed case of diptheritic conjunctivitis. The lids were very much swollen, hard and tense, the conjunctiva covered with a grayish yellow membrane, of a smooth glistening appearance, thicker and more opaque in different parts. This membrane could with difficulty be torn off in flakes or shreds, leaving beneath a yellowish tissue through which oozed a little thin blood. The cornea of the right eye was slightly hazy, while that of the left was clear. The little patient was suffering much, appeared emaciated and debilitated. The mother said the child had not been well for some time, but that nothing was the matter with the eyes until the day previous to her coming to my clinic, when they became suddenly inflamed and greatly swollen. No other person in the house had sore eyes or any throat disease.

This most dangerous and destructive disease of the eye is almost unknown in this country; a few cases occur at times in England and France, but many in some of the northern parts of Germany, particularly in the city of Berlin, where I saw several cases in the clinic of the late Professor v. Graefe, during the winter of 1863 and '64. In this city I had not seen a case before this one, since which date I have treated many thousands of cases of eye diseases without meeting another one.

What was to be done here for this poor little creature? Under the circumstances

the prognosis was unfavorable. The great and most important thing in these cases is to get the swelling reduced, the circulation restored, the tissue softened and a purulent discharge to carry off with it the diphtheritic membrane.

To do this there are different theories of treatment by several writers of experience. Prof. v. Graefe used ice cold cloths applied continually to the eyes and touched the conjunctiva with aqua chlorinii. Drs. Wecker, Morren and Berlin recommend hot fomentations continually applied to hasten forward the second stage (that of softening and discharge), without anything in the eyes. All writers caution against the use of astringent lotions, as nitrate of silver and sulphate of zinc or copper in the first stage of the disease. At the same time also it is recommended by some to bring the patient under the influence of mercury as quickly as possible, if not in too feeble health, to accelerate the stage of vascularization and elimination of the fibrinous infiltration of the conjunctiva, while others have found that mercury does not produce an influence rapid enough in such cases, and advise against its use as being injurious.

Inclining to the theory of Wecker, Morren and Berlin, I ordered immediately and continually applications of cloths dipped in hot water to hasten the stage of vascularization, etc. At the same time, knowing that the chlorate of potassa was a sovereign remedy in the treatment of diphtheria of the throat, I touched the conjunctiva daily with a solution containing forty grains of that salt to an ounce of water, and dropped in the eyes hourly a collyrium of a twenty grain solution of the same. Internally was given the elixir of calisaya and pyrophosphate of iron as a tonic.

Under this treatment the little patient did astonishingly well. The lids soon began to soften, the membrane came off, and the conjunctiva resumed a bright red color, but no purulent discharge of any account took place. The warm fomentations were now discontinued. Fearing a relapse on the use of astringents, the above collyrium was continued, gradually reducing its strength. The whole disease passed off without any purulent discharge or other treatment, leaving the eyes in a perfectly healthy condition excepting the cornea of the right eye, which was slightly clouded. This soon cleared up.

This case is interesting.—

1st. From its rarity in this city and country.

2d. From its successful termination under so simple a treatment, and without purulent discharge.

3d. From the use of a remedy not mentioned nor recommended by any of the writers upon the subject as far as I can learn.

In relation to the treatment, I am of the opinion that the hot fomentations is the proper one, as it without doubt softens the tissue of the lids and renews the circulation in the blood vessels, which has been retarded or stopped by the pressure from the greatly swollen lids. By so doing the elimination of the fibrinous infiltration is accelerated, and the cornea as well relieved. The chlorate of potash acted upon the mucous membrane and tissues of the conjunctiva the same as it does on that of the throat.

Entropium with Great Incurvature of the Cartilages, Cured by Removal of the Cartilages of both Upper and Lower Lids.

Mrs. B., æt. 43, came to my clinic at the Wills' Ophthalmic Hospital, Philadelphia, December 3d, 1872, with one of the most marked cases of Entropium, with very great incurvature of the cartilages of the upper and lower lids of the left eye, and the upper of the right one. The lids were curled in on themselves so that the cartilages were almost doubled. It was with difficulty that the edges could be drawn out. The ciliæ were pretty well preserved. The cornea of each eye was covered by a vascular pannus.

Knowing that in such a severe case the removal of a fold of skin, and slitting the lid as recommended by Arlt, v. Graefe or Jæsch, or the removal of a wedge-shaped piece of the cartilage, according to Streatfield or Snellen, would not give the necessary relief, I proposed to remove the whole of the cartilages as recommended by Pope, in the *Archives for Ophthalmology and Otology*, Part I. Vol. 1.

For that purpose I admitted her as a house patient in the hospital, December 14th, 1872. The same day I operated as follows: the patient being thoroughly under the influence of ether, an incision was made along the free margin of the lid between the cartilage and the orbicularus muscle, close on, in reality almost shaving the cartilage, and back or up along the cartilage to its attachment with the levater muscle. The cartilage being thus well exposed was removed by grasping it with rat-toothed forceps, and snipping it off in pieces with the scissors. In this way the upper cartilages were all removed excepting a small line along the upper rim just at its point of muscular attachment. This remaining rim was dissected up for some distance from the conjunctiva. The posterior flap came down well, and to keep it in its proper position with the anterior one, the two ends of a silk suture were passed through both flaps of the lid from the inner to the outer surface, and tied together. No sutures were applied to the edges of the wound, they being allowed to adhere and cicatrize naturally, which occurred by first intention.

In making the incision along the edge of the lower lid it was carried between the cartilage and conjunctiva, and the whole of the cartilage removed. Here three sutures were applied to the edges of the wound.

After the operations the ciliæ stood in their proper positions. Cold wet cloths were applied over the lids to control inflammation. On the second day all the sutures were removed. There was great chemosis the next day after the operation, but it soon

began to recede, and the healing process was both rapid and favorable.

The lids kept their position perfectly, and the corneæ cleared up remarkably. On being discharged she went home alone, the first time for over a year that she had gone out without assistance.

It will be seen that I made the incisions in the upper lids different from Dr. Pope's, he making his between the cartilage and conjunctiva, while mine were made anterior to the cartilage. This was done for more convenience and ease in cutting the flaps and greater facility in removing the cartilages.

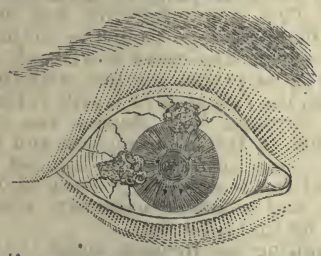
Great care must be taken in removing the cartilage, that the conjunctiva be not cut through, because cicatrices therein will cause more shrinkage and contraction.

The removal of the cartilage from the lid in this case was imperatively necessary, as the curvature was so great that the operations recommended for the removal of such defects would have been of no effect.

Removal of Two Cancroidal Tumors from the Surface of an Eye.

Mr. E. C., of Bradford county, Pa., æt. 59, noticed, four years ago, an inflamed and tender spot on the outer corneal border of the right eye. It has continued to grow in breadth and prominence, and at times is very painful. About a year ago another such spot appeared on the upper border of the cornea, and between the two he has suffered at times considerable pain and trouble. Different washes that he has used have given no relief, so that he was sent to me for treatment, June 18th, 1873.

On examining the eye I found two reddish tumors of different sizes on the eyeball, the larger lying on the outer sclero-corneal border, extending 3 m.m. over the edge of the cornea, and 4 m.m. back on the sclerotica, and having a width or breadth of not quite 5 m.m. The other was on the upper border extending only 1 m.m. over the cornea, and 3 m.m. back on the sclerotic, the width about the same measurement, so that it was nearly round. The neighboring



conjunctiva was somewhat injected, and three or four large vessels extended to each tumor. Both were firmly attached to the cornea and sclerotica underneath them, and were very sensitive to the touch. Both had the appearance of cancroids. The vision of the eye was $\frac{20}{xx}$. Presbyopia $\frac{1}{20}$.

As long as the sight of the eye was good I could do nothing but advise removal of the tumors by operation.

He consented to the removal of the larger one at first, which was done the following day.

The patient being well narcotized, the tumor was cut off close to the surface of the cornea and sclerotica, cutting into both of the latter a little to remove as much as possible from the base. After removal it was plainly seen that the diseased part extended deeply into the tissue of the sclerotica and cornea. The conjunctiva was cut out around, and the edges brought together over the exposed sclerotica by two sutures. A firm compress bandage was applied until the next day, when the sutures were removed, and a collyruim of sulphite of soda, three grs. to the ℥j, ordered to be dropped in the eye daily.

The eye healed remarkably well; the patient returning home the week after.

August 1st following he returned to this city to have the upper tumor removed, as it had given him pain and appeared to have increased since the previous operation. The operation was performed in the same manner as in the previous one, except that the patient was not narcotized, he preferring not to be this time.

The tumor first operated on had given him no trouble since and looked remarkably well. There was no appearance of its returning. By microscopic examination both tumors were found to be of cancroid formation. In this case the patient was given an unfavorable prognosis as to a permanent cure, but as long as the sight remained good in the eye, the removal of the cancroid growths at once, if they should reappear, was advised; if the sight should be lost the eye-ball should be enucleated immediately.

It is now five months since the last operation, and he writes me that the eye is doing well, neither tumor having returned, although the vision in the eye is not so perfect.

Cancroid tumors on the cornea are rather rare, and being of a malignant character their return may be expected, but in what time it is impossible to say. In the *Klinische Monatsblatter fur Augenheilkunde*, vol. vii, 1869, I reported a case where I removed a cancroid tumor from the sclero-corneal border of the eye of a gentleman in this city, 69 years old, which had not returned at that time, two years after the operation.

Removal of Large Foreign Bodies from the Eyeball.

Michael C., æt. 32, machinist, of Wilmington, Del., came to my clinic at the Philadelphia Eye and Ear Infirmary, March 7th, 1872, with the right eye ball inflamed, swollen, much disorganized and very painful, and with the report that three days previously he had received an injury from a piece of iron bolt flying against the eye. Upon lifting the lid a large incision across the cornea and outer side of the sclerotica was seen, with the edge of something black protruding. With a probe it was found to be hard and metallic. Taking this for the piece of

iron it was grasped by the forceps and drawn out. It was a piece from the head of a bolt chipped off by the hammer in riveting. It measured 11 m.m. long, 10 m.m. wide and 3 m.m. thick, weighing 19½ grains.

W. H. Y., æt. 50, machinist, of Philadelphia, came to my clinic at the Wills' Ophthalmic Hospital, March 4, 1873, with the left eye much swollen and inflamed. On the upper lid there was an incision extending from the edge up about one-half of an inch, with two sutures therein to bring the edges of the wound together. The history of the case was, that the day before a piece of iron had flown and cut his eye. He went immediately to a neighboring physician, who saw nothing but the cut through the lid and put the sutures in. He was the next day advised by his friends to come to this hospital.

On lifting the lid an incision through the cornea and inner side of the sclerotica was seen with the wound in the latter gaping. Taking a probe to see how far the wound extended, I felt a hard substance. Introducing a pair of forceps, I grasped and drew out from the inside of the ball a piece of iron measuring 21 m.m. long, 10½ m.m. wide and 3½ m.m. thick at the top, while the lower edge was tapering and as sharp almost as a razor. Its weight was 20 grains. Instant removal of the ball was advised, for fear of sympathetic trouble in the other eye, but the patient would not consent thereto and left the hospital.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

ERSKINE MASON, M. D., PRESIDENT.

Stated Meeting, Nov. 26th.

Fibrinous Casts of Bronchi, but no Fibrinous Bronchitis.

Dr. Austin Flint, Sr., read the history of a case at length, and presented some specimens of bronchial casts. The patient was a medical man living in Canada. He had been in New York some time before, and, when here, had obtained the opinions of Drs. Clark and Flint. They both coincided in the view that he had phthisis. Since his visit to the city the case progressed much the same as usual, with the exception of attacks of hemorrhage from the lungs. That which caused him great alarm, and was the occasion of sending the present history of the case, was the fact that in some paroxysms of coughing he spat up quite an amount of casts of the smaller bronchi, and had, on this account, made the diagnosis of fibrinous bronchitis. He had noticed that shortly before the coughing up of casts took place, he had an attack of hemorrhage. Dr. Flint submitted the casts to Dr. E. G. Janeway for microscopic examination. Dr. Janeway reported that the casts under the microscope exhibit the fibrillation of fibrine, enclosing the red corpuscles. On the outer surface of the casts there are no pus corpuscles detected, and the inference is, that from the absence of pus corpuscles, they are not the product of inflammation, but the result of coagulation of the blood extravasated into the bronchi.

Softening of Brain from Emboli—Thrombosis of Heart.

Dr. E. G. Janeway presented a brain softened on the left side for about two-thirds of its anterior portion. The left middle cerebral artery showed the presence of an embolus, demonstrating the cause of the softening. The patient was an old lady who was attacked with paralysis on the right side, and lived two days. On examination of the heart no signs of disease could be detected. At the post-mortem, on first inspection, the heart was thought to be healthy, but on a more minute examination a small thrombus, not much larger than a cherry-pit, was detected. A portion of this thrombus was detached, and on following up the examination it was found lodged in the middle cerebral artery.

Dr. Janeway said that he had another similar case, four years ago, at Charity Hospital, but in that case there was no loss of consciousness. The case was important in demonstrating the fact that, even if we have no signs of cardiac disease by the stethoscope, we cannot exclude embolism.

Ossification of the Muscles.

Dr. ——— asked leave of the Society to present some photographs which he had collected whilst in Europe. The first collection showed different views of a specimen in the Dublin Museum. The patient was aged 30, and died in 1871. When he was five years old he had been horned by a bull, but no diagnosis of the true state of the case had been made previous to the autopsy.

The pectoralis muscle was found to have undergone ossification, true bone cells being developed.

Extra Rib.

The patient was aged 70, and in the gluteus maximus muscle an extra rib was developed, having the characteristic cells of true bone. No ossification of the muscles was detected.

Tattooed Greek.

The photograph showed a Greek who made the round of the European clinics exhibiting himself for a livelihood. When he presented himself to Hebra's clinic, Hebra, with true American enterprise, refused to have anything to do with him unless he allowed himself to be photographed. This he consented to. The history of this man was that he had been a pirate, and when his crew were captured they were tattooed from the toes upward. The method pursued was to subject the prisoners for a certain number of

hours each day to a succession of stabs with a small instrument, and in this way was recorded their crime, by peculiar characters. Some of the crew died in the operation.

In answer to a question from Dr. Finnel, the Dr. said there was no record in the history of the case that the articulations were ossified.

The President said that he had seen only one case of ossification of the muscles, and this he had presented to the Society. In the case referred to, one side of the diaphragm was found to have developed true bone.

Necrosis.

A specimen of necrosed bone was presented, and the question asked, How long should we wait before operating? The President was of the opinion that where the sequestrium was loose it should be removed, except where there was danger of exhaustion from the discharge, and in those cases we should not wait.

Editorial Department.

Periscope.

Sanitary Improvements.

Some points in sanitary improvements are well set forth in an address of Mr. W. H. Corfield, published in the *British Medical Journal.*

"Knowledge is power;" and, as we come to know more of the conditions which favor the spread of diseases, as we do daily, it is our own fault if we neglect to use the power which that knowledge gives us. There are two conditions of insalubrity which are pre-eminent. I hardly know which to place first. The one is overcrowding, and the other the accumulation of refuse matters in and about dwellings. These conditions were those which especially favored the spread of the fearful plagues of the Middle Ages; as a result of overcrowding, we have a deteriorated condition of the air, from the diminution of the amount of its most essential constituent, oxygen; and, worse still, we have it rendered foul by the exhalation of decomposing organic matters from the bodies of the persons breathing it. Such a state of air is especially favorable to the multiplication of the poisons of diseases; such a state of the air is also brought about by the non-removal of refuse matters from the vicinity of habitations. Dr. Laycock tells us that the plague in York, in each of its visitations, and also the cholera, broke out in the same abominably filthy place; and in cholera epidemics it has been repeatedly noticed that those parts of towns which are most filthy and most overcrowded always suffer worst. But the danger is not only from special epidemic diseases. Such insanitary conditions induce a lowered vitality of the inhabitants, who become more prone to attacks of diseases of all sorts; and then we have sickness, inability to work, and consequent inability to earn bread and to pay rents, and so the evil recoils from the tenants upon the landlords. One witness says, "Rent is the best got from healthy houses." Another, "Sickness at all times forms an excuse for the poorer part not paying their rent, and a reasonable excuse." I consider that one of the most important conclusions that the study of sanitary science has forced upon us lately is the conclusion that the immediate removal of refuse matters is one of the first necessities of the healthy existence of a community. There are those who would have you believe that refuse matters may be rendered innocuous in one way or another, so that they may be kept with safety in and near to houses. Do not listen to them; the principle is wrong, radically wrong. Depend upon it that the true method is to get rid of such matters at once, and in the simplest possible way, and that is the cheapest plan in the end.

Eustachian Obstruction in Children.

Mr. Dalby says, in his late work on the Ear, that this is a common affection, the mucous membrane of the nares, fauces, and Eustachian tube being affected together. The mucous membrane throughout is thickened and tumid, and secretion from the surface is much more abundant than it should be. The tonsils are generally enlarged, and sometimes to a very considerable extent. Of such children it is hardly necessary to ask what is the matter. The stupid vacant look as they advance with open mouth, and their generally flabby appearance proclaim their disease. They snore loudly in their sleep, and the deafness is generally severe. The tympanic membrane will be seen to be drawn in, but to retain its proper translucency; as a rule there is no tinnitus. It is surprising for what a length of time this state of things will go on with children and yet permit of complete recovery; while, on the other hand, in the case of adults, when the Eustachian tube is obstructed from a relaxed condition of the mucous membrane, the tympanum will generally become involved if they are not attended to soon after the deafness is noticed. The treatment to be adopted for these young patients is to apply astringent solutions locally to the fauces, tonic medicines (preparations of iron and the mineral acids), plenty of fresh air and

exercise, together with the ordinary rational means of improving the health. The tonsils, however much they may be enlarged, cannot operate mechanically by closing the Eustachian tube, but they may interfere with respiration, and, by presenting a large surface of thickened mucous membrane, assist in keeping up the unhealthy condition. These considerations should weigh in deciding whether they should be removed or not. Of all things it is important that the Eustachian tube should be regularly opened; if this is not done all else will be useless. To accomplish this, Politzer's is the best method. Measured by the good it has done, it would be difficult to over-value this proceeding in treating diseases of the middle ear; for before this plan was suggested, a large number of cases, especially children and timid women, on whom catheterization was not practicable, went unrelieved.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Mr. Horace J. Smith, of this city, has summed up his extensive personal knowledge of Florida in a series of notes in *The Press* of this city. Those contemplating a visit to that genial land will do well to secure a copy.

——*Regulations of the United States Marine Hospital Service* for the Collection of Hospital dues and the application of the fund resulting therefrom to the relief of sick and disabled seamen. Washington, Government Printing Office, 1873.

——*First Annual Report of the Supervising Surgeon* of the Marine Hospital Service of the United States, for the year 1872. Washington, 1872.

The above documents will be perused with interest by all who would acquaint themselves with the history and conditions of the Bureau of Medicine and Surgery of the United States Navy.

——Dr. Henry J. Bigelow, of Boston, has published a letter to the *British Medical Journal* on the recent alleged death from ether in England. Particulars of this occurrence will be found in our *Half-Yearly Compendium*, January, 1874.

BOOK NOTICES.

A Handbook of the Theory and Practice of Medicine. By Frederick T. Roberts, M. D., B. Sc., M. R. C. P., Assistant Teacher of Clinical Medicine at University College Hospital, etc. 1 vol., 8vo, cloth, pp. 1052. Lindsay & Blakiston, 1874.

A new work on Practice has always something fresh and attractive about it, even if it does not contain much that is positively new. The one before us is not intended as an exhaustive treatise, but as the author states in the preface, "is mainly for the use of students," and therefore does not aim to discuss the debated problems of etiology and pathology of disease. Nevertheless, it is of much higher order than the usual compilations and abstracts placed in the hands of students. It embraces many suggestions and hints from a carefully compared hospital experience, and though the title calls it a "handbook," an octavo of over a thousand pages is something much more than is usually embraced under that rubric.

The style is clear and concise, and the author has adopted a plan in collocating clinical phenomena which is very judicious. Previous to describing the single diseases of the organs he gives an outline of those clinical phenomena which indicate a morbid condition of each, and the modes of physical examination by which the lesions are recognized.

On the other hand, the author certainly errs in his constant endeavor to generalize the precepts of treatment, especially when we consider that his work is intended for students. He hardly ever gives a prescription, and the doses and their frequency even of single articles recommended are either not stated at all, or often in loose and vague terms.

The book is divided into a number of short chapters, ninety-five in all, going over the whole range of ordinary diseases. The articles manifest a careful reading of cotemporary medical literature, and the opinions of most of the leading English therapeutists are well represented. Less acquaintance is indicated with Continental or American sources, and the references generally to other works are meagre in the extreme, always a serious mistake in a work intended to be placed in the hands of a student, as thus one of the best means of familiarizing him with judical literature is neglected.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JAN. 10, 1874.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

ANTHROPOMOMETRY.

To take the measure of man; what an undertaking is this! Not in the way of a tailor, to fit him with disguises and to conceal his defects, but to know him as he is, "infinite in faculties, the beauty of the world, the paragon of animals;" to gauge his possibilities, to test his powers, to weigh his abilities; this, indeed, is a noble science.

Two hundred years ago this daring effort was made by a physician, a German, "body physician to the Elector of Brandenberg," by name JOHN SIGISMUND ELSHOTZ. He called his book *Anthropometria*, and in it, having set forth the proportion of the various parts of the human body one to another, and displayed the harmony which reigns among the members, he soared above the earthly form, and sought to discover its relation to the systems of the world, and the course of the stars in boundless space; the microcosm was to him the tangible representative of the macrocosm, and he foresaw, blindly and vaguely, that the study of the corporeal functions was ultimately to be our guide into the regions of the ultra-corporeal, the untangible, the psychological.

With the same title, a few years ago, the veteran statistician, QUETELET, published a book, *Anthropométrie, ou mesure des différentes facultés de l'homme*, *Bruxelles*, 1870, in which he sums up the results of his many years' profound studies on man and his surroundings. Confining himself to the letter of strict science, he does not indulge in any of the flights of his predecessor; indeed it is probable that he never heard of his work; but by a singular chance, not only adopts the same title, but carries out a very similar line of thought.

He traces the relationship of character, temperament, modes of thought, the whole moral disposition of the man to the circumstances which surround him. In brief and pointed sentences he sums up the statistical results of his long observations. We quote a few.

"Woman is less than man because she comes into the world of smaller stature, her yearly growth is less, and it ceases two years before his."

"One of the commonest signs of insufficient nutrition is the undue weight of the lower portion of the trunk; especially is this observed where quantity of food has to make up for quality."

"As age increases the bodily symmetry diminishes. One part of the body increases at the expense of the other. This is also true of the ill-nourished classes and races of men."

"The physiognomy of the man of the world aids his speech; it is like the orchestra to the singer, expressing a thousand modifications of mind, which language cannot give."

"Man's stature, his weight, his muscular power, his swiftness, develop themselves in no fortuitous manner, but in accordance with fixed laws; and the same is true of mental and moral nature."

Such are a few of the many facts and considerations embodied in this work of the great statistician. It is one of the contribu-

tions to a knowledge of mankind which deserves close and earnest study. The solution of the problem of destiny must come from a correct understanding of ourselves. The psychologist who would "build for aye" must erect his structure on the solid ground of physiological studies, verified by repeated observations, and reduced to the unerring guide of a formal mathematical law. As a part of the vast preparation which such a student must take upon himself, this study of the external forms of man is by no means the least important.

ACCIDENTS TO THE FETUS.

The reputation of an accoucheur is sometimes gravely implicated by the neonatus appearing in the world with one or more bones broken, or with an amputated limb. Few midwives and fewer mothers know that fractures and amputations may take place in the womb. The thesis of Professor PAJOT, of the Paris *Ecole de Medecine*, when appointed Professor *agregé*, was upon this subject, and is a masterly production.

Quite recently, in England, at the meeting of a society of medical men, Mr. LAWSON TAIT exhibited an interesting illustration of the method of Amputation of Limbs in a fetus of the eleventh or twelfth week. The cord was twisted round the limbs in a variety of ways, but practically under and round the right leg. The tissues were so eroded that the bones were affected, and the limb would undoubtedly have been amputated below the knee had it remained *in utero* for some time longer.

That accidents to the fetus from the hands and instruments of the accoucheur have also occurred only too frequently has lately been shown by Dr. CIÉSLEWICZ, who, in an inaugural dissertation, has collected from literature and from the records of the hospital at Halle forty cases of fracture, fissure, contusions of nerves, laceration of muscles, separation of epiphyses, etc., occurring to the fetus as the result of interference in labor. Among the cases are two of rupture of the longitudinal sinus. In the first, the delivery was effected easily by the forceps; in the other, the child was born after a labor of twenty-four hours' duration, without instrumental aid. In both cases the middle and posterior cranial fossæ were covered with a membranous layer of blood, which partly covered also the hemispheres. The hemorrhage was traced to openings in the superior longitudinal sinus. In one, there was a single small aperture; while in the other there were several of various sizes.

His article appears in the *Centralblatt fur Medecinischen Wissenschaften*, for July 12, 1873, and is an important contribution to the question of the medico-legal responsibilities of obstetricians.

NOTES AND COMMENTS.

Therapeutical Notes.

SNUFF FOR FACIAL NEURALGIA.

Dr. Scriffigano recommends:—

℞ Quin. citrat. ℥j.
Strong tobacco snuff, ℥iss.

Sig. To be used as required in neuralgia.

SALINE CATHARTICS.

Dr. Adolph W. Miller, *Amer. Jour. Pharmacy*, July, 1873, considers the effervescing solution of tartrate of sodium an improvement on the popular citrate of magnesia, as being more agreeable to the taste, more reliable and efficient in its action as a purgative, with less tendency to tenesmus; its forming a more permanent solution; and its cheapness.

METTAUER'S MIXTURE.

This valuable mixture should be prepared as follows:—

℞ Nitric acid,
Water,
Muriatic acid, āā ℥j.

The constituents are to be united in the order of their numbers. The doses are from seven to ten drops, largely diluted with sugared water, say not less than four ounces, to be taken an hour before meals. After each dose Dr. Mettauer advises that the mouth should be washed with an antacid mouth-water.

LIME-WATER IN STINGS OF BEES.

M. Dauverne states, as the result of numerous trials, that the pain and suffering caused by these may be immediately assuaged by the application of lime-water; a remedy which may always be prepared at once by the aid of a little quicklime and a glass of water.

ANTIDOTE TO PHENIC ACID POISONING.

As this acid poisons by its direct effect, Mr. Haussman has found that the use of alkaline earths constitutes the best antidote. He found those containing lime the best, and proposed the use of saccharate of lime as the best remedy, prepared by dissolving sixteen parts of sugar in forty of distilled water; add five parts of caustic lime, digest for three days with frequent agitation, then filter and dry. The product is saccharate of lime, which dissolves easily in water, with which it may be administered.

An Old Cancer Cure Revived.

Dr. BREWER writes to a recent number of the *Medical Times*, that a patient of his was given by a friend, the following recipe:—

℞.	Chlor. zinci,	gr. viij.
	Blood root,	gr. v.
	Starch,	gr. viij.

Make into a paste with honey.

"The cancer was at this time nearly as large as a hen's egg. After applying the paste for two weeks, he called to see me. I found it had diminished to half its former size. I advised him by all means to continue it. After a month's use of the remedy the cancer was not larger than a dime. He continued to use it until the disease was cured."

This is the "cancer salve" of old Dr. FELL, famous some forty years ago, but long since condemned to neglect.

Yellow Fever and Electricity.

A correspondent writing from Fayette, Mississippi, to the *Scientific American*, gives a curious succession of observed facts, which may lead to a clearer understanding of the conditions under which yellow fever is generated, and as a consequence to new methods of preventing or curing the disease. He says that prior to the breaking out of the fever, and during the prevalence of the epidemic, the rains are unaccompanied by lightning and thunder, which in other seasons are common. There was only one peal of thunder heard in his county between the middle of September and the latter part of October. In 1855, at a school celebration, a sufficient amount of electricity could not be generated to perform the simplest experiment with the electrical apparatus, and shortly thereafter the yellow fever broke out and raged terribly. The writer draws the conclusion from these facts, that the prevalence of yellow fever is dependent upon the electrical condition of the atmosphere, and suggests that science may be made to supply the necessary conditions to public health.

Rats as Guardians of Public Health.

The use of rats was one of those mysteries never clear to us before reading the address on Sanitary Science of Mr. Wm. Eassie, in a late number of the *British Medical Journal*. He says:—

"I have just alluded to rats, and might here add that these animals are the most reliable harbingers of sewer-gas eruptions. As a rule, wherever there is a bad drain smell, there exists an old brick barrel-drain or rat-run; very often these are also in conjunction with the modern sewer. I have before me a piece of cast-lead pipe, nearly a quarter of an inch in thickness, which had been gnawed by these vermin in order to admit them, by way of the sink-waste, into a house. They managed to make a hole through it, and on it are plainly discernible hundreds of their teeth marks.

"Speaking of rats, it does not invariably follow, because a rat is seen about a house that it is a sewer-rat. For instance, on taking up the flags in my house some five nests were discovered and one rat despatched; it proved to be, however, a house-rat, or more strictly speaking, one of the barn-yard species. The latter have more or less pointed heads, whereas the head of the sewer-rat is fuller and rounder, and the neck thick and clumsy."

The Cause of Hay Asthma.

Dr. BLACKLEY has lately written a book on hay asthma. After many experiments he became convinced, like Dr. Phœbus, Professor Trousseau, and others, that common dust was a cause of the disease.

A violent attack of the complaint having been induced by the dust raised by a carriage in a lane along which Dr. Blackley was passing, he collected some of the dust, and examining it under the microscope discovered in it the pollen grains of various

grasses. Then followed a series of experiments to prove how far pollen grains really were the cause of the disease. Trials were made with pollen grains from various grasses applied to the nasal passages, the result being to develop all the symptoms of hay asthma with more or less intensity. One-fiftieth of a grain of the pollen of *Alopecurus pratensis* produced a severe coryza, with such tumefaction of the mucous membrane of one nostril that no air could be drawn through in the attempt at inspiration. The fresh pollen of the oats (*Arena sativa*) produced more marked coryza than the same in its dry state.

A New Way of Gargling.

At a recent meeting of the Clinical Society of London, Dr. GUINIER showed, by means of the laryngoscope, that it was practicable to allow any fluid to pass beyond the epiglottis, and to remain between that organ and the vocal cords during the time occupied by a long expiration, or as long as the patient can "hold his breath." Dr. GUINIER used water in his demonstration; the vocal cords were plainly seen through the fluid, and the operator also ejected the latter through the nose. Although the sensibility of the soft palate and parts adjacent is known to be, comparatively speaking, inconsiderable, a general impression appeared to exist among the members that much practice would be required on the part of the patient to bring about so successful a result as that achieved in this case by Dr. GUINIER. The following rules must be observed and practiced in the operation: (1) Raise the head slightly, (2) open the mouth to a moderate extent, (3), advance the chin and lower the jaw, (4) sound, or make an intention of sounding the double vowel œ. The author remarks that, as a consequence of these four movements carried on simultaneously, the pharynx is widened, the soft palate and uvula are raised, the base of the tongue is depressed, and the liquid thus flows by virtue of its own weight into the laryngeal cavity.

Body and Brain.

The *London Medical Record* gives the views of Dr. SPONHOLZ on the influence of bodily affections on mental disease. PINEL, ESQUIROL, and GEORGET vindicate the critical power of sweating, diarrhœa, discharges from the nose, vagina, etc., copious flowing of tears, boils and herpetic eruptions, even tuberculosis itself; but GRIESINGER did not attribute much influence in this direction to such crises, and SPONHOLZ, from an experience of more than 2000 insane persons, is of the same opinion. The brain is often relieved by an attack of epistaxis, the bowels by a renewed flow of blood from hemorrhoids, but he can only recall two cases where a crisis happened by the skin; one was a puerperal mania, the other a mania occurring in the course of pneumonia. As a rule, insane persons encounter bodily diseases less than those of sound mind, for, on the one hand, they are, on account of their lower sensibility and receptiveness, less subjected to evil influences, and, again, they are not so exposed to contagious fevers, accidents, etc. He quotes instances where epilepsy, typhus, erysipelas, pneumonia, pleurisy, and tuberculosis supervened on the insane condition, but without in any way relieving it.

Abortive Treatment of Boils.

The *Cincinnati Lancet and Observer* has a note from Dr. C. B. HALL, stating that the following, applied to boils, with a camel-hair pencil or feather, gives great relief in a very short time. The inflamed surface, and a little beyond all around, should be painted with the medicine every fifteen minutes, or as fast as it dries, till a good thick coating covers the part. The throbbing, tensive pain, and the intense tenderness will be promptly relieved; the redness will subside; the smooth, shining integument will shrink and become wrinkled, and comfort will succeed torment. If the boil is in the first stage, it will disappear without sloughing. If slough has already formed, it will be quickly separated, and the cure soon complete:

℞.—Tr. arnica flowers,	ʒi;
Tannic acid,	ʒss;
Gum acacia pulv.,	ʒss. M.

It should be used as soon as prepared.

Fatal Tobacco Poisoning.

The English journals report a case of this kind in a boy on a government vessel. He had been frequently punished for chewing tobacco, and had often presented himself complaining of debility, giddiness, and faintness, which were traced to the poisonous influence of tobacco. On two occasions he had swallowed pieces of tobacco to prevent detection. On the night of his death he

went to his hammock telling his messmates that he felt sick. About ten minutes afterwards the occupant of the next hammock to his heard him breathing stertorously, and immediately tried to awake him. Finding he could not, he was conveyed to the sick bay, and at once seen by a medical officer, who found him moribund. The pupils were insensible to the influence of light; and the pulse, which was scarcely perceptible, in three minutes ceased to beat. On *post-mortem* examination of the body, two small pieces of tobacco were found in the stomach.

Professional Confidence.

We see that in Boston, in the Britton case, Drs. Arnold and Ordway were summoned before the Grand Jury, and refused to testify, on the ground that they were not obliged by law to divulge the secrets which they had learned during professional attendance. The District Attorney took a different view, and, to settle the point at once, had them brought before Judge Aldrich in the Superior Court. He ruled that they must testify.

This decision was precisely in accordance with the view of this important point which we gave in the REPORTER, Vol. XXIX, page 219.

Comments on Carbolic Acid.

Prof. COCHRAN, of the Alabama Medical College, writes a long letter to the Mobile *Register*, in which the efficacy of carbolic acid is questioned, nay, more, condemned, as being conducive to the spread of disease rather than its suppression. The professor says, after watching the effects of its use in the hospitals of Mobile and New Orleans:—

Not only do the facts and examples adduced in proof fail to establish the efficacy of carbolic acid as a prophylactic against yellow fever, but without any violence, and without any sophistical interpretation, they go very far toward the establishment of the suspicion that its influence has been the very reverse of prophylactic; that if it has not contributed to increase the disease, it has at least added to its malignity and increased the mortality to a fearful ratio.

Action of Violet Light.

We see in late foreign journals that M. RUSPINI, of Rome, announces that violet light has an extraordinary action on animal and vegetable life. Plants cultivated in conservatories made of violet glass grow with remarkable rapidity, and cattle kept in stables in which the windows are of violet glass increase rapidly in size and vigor. He proposes to apply these properties to man, and to use windows of violet glass in hospitals and schools for children, in order to assist the development of the children. He suggests that experiments should be made on a large scale with silk-worms, and if the result be favorable, the method can be generally used in agriculture and hygiene.

This fact was observed in this city several years ago, and described in the *Journal of the Franklin Institute.*

The Russian Red Cross Society.

The advantage to a community of possessing a charitable organization skilled in good work, has just been exemplified in Russia, where a Committee of the Red Cross Society is rendering signal service at Samara in relieving the victims to the famine. The Society is widely spread all over Russia. At Samara the Committee is composed of ladies, and their inquiries into the origin of the famine have resulted in the conclusion that, Samara being an exclusively agricultural province, the peasants have no means of covering the losses arising from bad harvests.

Campaigning in Ashantee.

The correspondent of the *Lancet* writes:—

The day's march was a specimen of what has to be encountered in Africa. After quitting Abracrampa, the column entered a narrow road full of obstructions, in many parts swampy. Through the marshes the men had to wade knee-deep. In *medias res* down came a tropical thunder-shower, lasting for half an hour, and thoroughly drenching every one. Such are the pleasures of an African bye-path. These marches are most fatiguing, and only those with a good pair of legs and sound constitution have any prospect of lasting out the campaign.

The Character of Nelaton.

Professor Diday says, in a biographical sketch of the great surgeon:—

"What strikes me and what I wish to note is that Nélaton always continued such as we had known him, meriting his celebrity, while avoiding to proclaim it. Just as his pupils felt themselves attracted by his words, without show or pretension, to him who in searching with them taught them the

art of finding, so also were his patients seduced by that half-smile of affectionate assurance and visible sincerity which seemed to say to them far better than in phrases, 'I have searched out your disease, and am able to cure it. Why tremble? Do I look uneasy?' This man, so thoroughly true, and so indulgent for all and everything, was unjust toward himself. His good fortune astonished him. 'It seems to me that I am in a dream,' said he to me one day, in 1863, when showing me the sumptuous *salons* of his hotel. 'I am quite ashamed of the money I gain,' he has been many times heard to repeat."

Alcoholic Epilepsy.

On this affection Dr. Dagonet remarks:—

"One of the gravest results of chronic alcoholism is alcoholic epilepsy. This is to be distinguished from the epileptiform attacks which occur in acute alcoholism. It is a defined disease, not incurable, but frequently ceasing when the cause is removed if it is not of very long duration. Frequently the attacks are followed by an impairment of speech, as in general paralysis. It is distinguished from ordinary epilepsy by the presence of the signs of chronic alcoholism, tremors of the facial and other muscles, pains and contractions of the limbs, and disturbance of vision.

The Prevention of Hydrophobia.

To prevent hydrophobia, Dr. Butter recommends that the wound should be washed as soon as possible with hot water; the whole of its surface should next be blackened with India ink, and this washed out till not a trace of color remains. This process is to be repeated twice, and then lunar caustic applied over the whole surface of the wound. The application is to be repeated as often as the wound begins to heal, so as to keep it open for two months, and the system is to be kept slightly under the influence of mercury for the same period.

Professor Huxley on Medical Education.

In his capacity of Lord Rector of the University of Aberdeen, Professor Huxley recommends that German or French be substituted for Greek, in the examinations for the medical degree, and that some study of botany and zoölogy shall precede the study of the medical sciences.

The Insane Neurosis.

Dr. Stewart thinks insufficient attention is paid to the neurosis in mental disease. He remarks:—

"In every case of mental disease there has been a *predisposing* as well as an immediately exciting cause. But this fact is nearly always overlooked, and only one element in the causation taken notice of. The other, and by far the more important of the two for the psychologist, is seldom, if ever, given. It is of practical importance not only to know the proximate, or immediately exciting cause, but also what was the *fons et origo mali*. A valuable guide to treatment would thus be afforded, and it could easily be obtained by the physician who signs the medical certificate. For a few leading questions put to the patient's friends would suffice for the discovery of the more remote cause of the insanity, whether consanguinity of parents, or hereditary taint, or what."

A Useful Movement.

A Parisian correspondent of an English journal says:—

"A society of temperance, to restrain the use of spirits, has recently been founded here, and has begun by proposing a prize of 1500 francs for 1874, and 500 francs for 1875. The question for 1874 is thus stated:—Determine by the aid of chemical analysis, clinical observation, and experimentation the analyses and differences which, in the twofold respect of their composition and effects upon the organism, exist between spirits of wine and alcohol of all other origin sold in the commerce of drinks and liquors. The second question is simply to draw up, in good popular style, a code of advice to the public on the dangers of abuse of alcohol and the advantages of temperance.

Homœopathic Pilules.

The Practitioner reported some analyses of homœopathic pilules which did not contain *the least trace* of the drugs which they were asserted to be medicated with. The investigators were, however, set right by a homœopathic druggist:—

"He tells us, what we confess we did not know, that the pilules do not contain one-hundredth, one-ten-thousandth, and so on, of a grain of *the drug itself* (*e. g.* belladonna, or nux vomica), but are moistened each with one-hundredth, one-ten-thousandth, etc.,

of a drop of a mother tincture which itself contains ten per cent. of the drug. In our innocence we certainly had imagined that all 'first dilutions' contained one-hundredth part, and all 'second dilutions' one-ten-thousandth part, of the particular drug itself. Consequently we were not a little astonished to find, in the pilules of these dilutions, made by druggists of high respectability, no traces of the alkaloids, even by the finest chemical tests. It now appears more certain than ever that the whole of the supposed therapeutic effects, even of first and second dilution pilules, must be the work of the imagination. No one who is not a mere advocate will seriously pretend that a dose of one-ten-thousandth of a grain of belladonna, representing 000000·3 grain atropine, will produce any real physical effect on the organism. We are pleased to think that the effect of our published analysis has been to bring into prominence the monstrous character of the assumptions involved in the belief that any homœopathic pilules whatever can produce a true therapeutic effect. But it makes it more difficult than ever to imagine what can be the state of mind of those men who can calmly allege that the two-hundredth *centesimal dilution* of such a dose, a dose which already eludes the most subtle chemical analysis, is also truly effective upon the body."

Normal Ovariotomy.

Our readers will remember the case in which Dr. BATTEY, of Rome, Ga., removed, about a year ago, both ovaries from a young lady on account of painful menstruation. Dr. W. F. Westmoreland visited her in July of this year, and writes to the Atlanta *Medical and Surgical Journal*:—

"I found Miss J—— presenting all the evidences of the most perfect health; bright eyes, rosy cheeks, and an apparent vitality, which indicate just the reverse of mental and physical suffering. I was informed by the young lady and her aunt that for fifteen or sixteen years before the operation her sufferings were most intense, in fact greater than recorded by Dr. B. in his report of the case; that she never was entirely exempt from suffering. As the young lady expressed it, she felt that there was no future for her in this life, and that death would be a relief. For the last several months she has never suffered a pain. She has, however, had a flow from the womb resembling the menstrual flux, every two to four weeks, up to six weeks ago, since which time she has seen nothing.

Suffice it to say that Miss J—— is apparently, and by her statements, in the most perfect health; that from ninety to one hundred pounds in weight, she has increased to one hundred and thirty-five pounds, presenting all the appearances of a healthy lady of thirty years of age."

The Therapeutical Uses of Actæa Racemosa.

In the *Journal of Materia Medica*, Sept. 1873, there appears an article by Dr. D. COLVIN, which commences:—

"*Messrs. Editors Journal Materia Medica*:—In the March No. of your journal I find an article under the above head, taken from the MEDICAL AND SURGICAL REPORTER, which I trust every Physician who has not had an extensive experience in the use of the above agent will not only carefully preserve, but faithfully carry out the suggestions therein made.

I do not propose to take up time in dilating upon its use, except that I would not only fully corroborate the writer's experience in the treatment of rheumatism and chorea, but I would more urgently request its administration in tuberculosis, especially in those cases which are seen in malarious districts of country."

The article to which Dr. COLVIN refers will be found in the MEDICAL AND SURGICAL REPORTER, vol. xxviii, p. 109, by Dr. BAILEY.

The Doctor and the Debtor.

How different the reception a physician meets with when he hastens to respond to an urgent summons, and when he calls to present an over-due bill, is only too familiar to us, and was equally so to our predecessors. Enricus Cordus, who died A. D. 1535, doubtless told his own experience, as well as that of his apostolic succession in the healing art:—

"Tres medicus facies habet; unam quando rogatur,
Angelicam; mox est, cum juvat, ipse deus.
Post ubi curato, poscit sua prœmia, morbo,
Horridus apparet, terribilisque Sathan."

Which may be translated:—

"Three faces wears the doctor: when first sought,
An angel's, and a God's the cure half wrought;
But, when that cure complete, he seeks his fee,
The devil's then less terrible than he."

Correspondence.

The Solution of Hydrate of Chloral.

Eds. Med. and Surg. Reporter:—

In the January number, 1872, the question is asked, "The length of time hydrate of chloral may be allowed to remain in solution in water or syrup?" Your answer is, "That chloral hydrate should not be prescribed in solution or mixture, excepting when it is to be used *immediately*," in italics, and you again say, "Never let it stand in solution." I have waited nearly two years, testing the administration of chloral. I use it often, and especially in obstetric practice, and I uniformly use it from a solution, regardless of the length of time made; have used it from a solution made six months, which was kept in a bottle with ground stopper, and can detect no difference in effect from that made at the moment of administration. I carry it in solution in water in my medical case at all times.

Robert G. Allen, M. D.
Washington, Ill., Dec., 1873.

Chloral in Asthma.

Eds. Med. and Surg. Reporter:—

In the issue of the 6th ult., in "Notes and Comments," it is stated that Dr. Theo. Williams, of London, has found chloral of great value in asthma. I trust the profession will not now hope to cure all cases of asthma with chloral. If it does there will be much bitter disappointment, and probably an increased number of funerals. No doubt the prescription was proper and scientific in Dr. Williams' cases, but in seventy-five per cent. of cases of asthma it would be unscientific and dangerous.

Respectfully yours,
Charles T. Reber, M. D.
Shelbyville, Ill.

News and Miscellany.

Case of Emotional Insanity.

A western paper has this item:—It is reported that a Green Bay, Wis., dentist became emotionally insane while repairing a front tooth for a pretty woman, and kissed her. She told her husband, and he went round the next day and borrowed $300 of the dentist—on long time.

Caution to Tea Drinkers.

Recently, at Highland, Iowa, the family of Mr. Kimball were poisoned by drinking tea containing arsenite of copper. The tea was taken from the bottom of the chest. Timely medical aid was all that saved the entire family from a sudden death.

Poison from Milk.

Dr. Benjamin Lee, of this city, is making on behalf of the County Medical Society a careful investigation of the relation of the milk supply to typhoid fever.

Personal.

—Dr. Hieronymus Beer, formerly Professor of Forensic Medicine in the University of Berlin, died on the 14th, at the age of seventy-six.

—Dr. E. H. Pentz, of Altoona, died Nov. 30th. For the past eighteen or twenty years he had been the physician to the County Almshouse; and at the time of his death he was the regularly appointed Surgeon to the N. C. Railway Company. He was also a member of the Board of U. S. Pension Examining Surgeons for the county.

Queries and Replies.

Electro-Therapeutics.

Dr. W. T. M., of Tenn.—"Does disease of the mitral valves contra-indicate the use of electricity in the treatment of nervous affections?"

Reply.—Irritation of the sympathetic by the galvanic current decreases the number of pulsations, and when a strong current is applied to the vagi "respiration is immediately interfered with, and very seriously. The countenance becomes dusky, and appearances of asphyxia are presented." (Hamilton, *Clinical Electro-Therapeutics*, p. 41). The induced current presents similar though less marked effects. You should use electricity with caution where valvular disease is present.

Napheys' Therapeutics.

Dr. T. M. H., of Ohio, and others.—The *Modern Therapeutics* of Dr. Napheys is out of print. No new edition will be ready before next fall.

French Medical Journal.

Dr. D. W. B. of Pa.—In reply to your inquiry, What French Medical Journal we should recommend to a country practitioner? we name the *Bulletin de Therapeutique*, semi-monthly, price $7.50, gold, as decidedly the best. We can obtain it for you.

Marriages.

Strickler—Townsend.—On the 3d of Dec., Dr. A. W. Strickler and Miss Lizzie Townsend, all of Fayette Co., Pa.

Deaths.

Lasher.—At Fulton, N. Y., Dec. 12, at the residence of his father, Hon. Jas. D. Lasher, James H. Lasher, M. D., aged 25 years.

Pye.—At Calvert, Texas, of the yellow fever, E. A. Pye, A. M., M. D., on the 9th of November, 1873, in the 55th year of his age. He was a graduate in the Literary Department of Georgetown College, D. C., and of the Medical College of Baltimore, Md.

Pye.—At Hearne, Texas, on the 20th November, 1873, Matilda Caroline Le Grand, wife of Dr. E. A. Pye, in the 50th year of her age, of yellow fever.

THE

MEDICAL AND SURGICAL REPORTER.

No. 881.] PHILADELPHIA, JAN. 17, 1874. [Vol. XXX.—No. 3.

Original Department.

Lecture.

CLINICAL LECTURE.

BY WILLIAM PEPPER, M. D.,

Lecturer on Clinical Medicine in the University of Pennsylvania.

REPORTED BY DR. LOUIS STARR.

On Fatty Degeneration of the Heart.

Gentlemen:—I have brought before you to-day two patients, both of whom I believe to be suffering from fatty degeneration of the heart. Their histories are as follows:—

Case 1.—J. K., 73 years of age, a huckster by occupation, was admitted into the outwards of the Philadelphia Hospital in 1866. At that time his general health was good, but he had no home, and was obliged to give up work on account of lameness, resulting from an injury received some years before.

His habits were moderately temperate, and he had never had venereal disease. Shortly after coming into the hospital he had an attack of acute rheumatism, which confined him to bed for eight weeks; on recovering from this he remained well until September, 1871, when he began to notice swelling of the feet and ankles, and shortness of breath on exertion. The œdema of the feet was at first only observed in the latter part of the day, and disappeared entirely during the night; it gradually increased, however, until the thighs, the scrotum, and the lower part of the abdomen became involved. The difficulty of breathing also grew steadily worse, and was accompanied by pain and the physical signs of the accumulation of fluid in the right pleural cavity. No disease of the liver or kidneys could be discovered on repeated examinations.

On June 3d, 1873, the hydrothorax had become so great that paracentesis was determined upon; the puncture was made at the fifth interspace laterally, and about eight pints of liquid withdrawn. After the operation the dyspnœa was much reduced, and the œdema of the legs began to disappear.

At present there is no œdema, but there is some ascites and some pleuritic effusion on the right side of the chest. His skin is pale, his muscles are flabby and relaxed, and there is a well marked arcus senilis around the cornea of each eye.

Although there is some enlargement of the heart, the apex beat cannot be detected unless the patient is made to stand up and bend forward, when a feeble, undulatory impulse is felt. The second sound is much louder and stronger than the first; occasionally a faint systolic murmur can be detected at the apex, but this is not constant, and is at most feeble and short. The pulse is irregular and intermittent, one beat out of every three or four being omitted.

Case 2.—W. E., 71 years old, a shoemaker by trade, was admitted on the 25th of March, 1873. He enjoyed average good health up to the age of fifty, when he began to suffer from palpitation of the heart, dyspnœa and the loss of strength, together with digestive disturbances, such as nausea, vomiting, eructations of flatus and acid liquid, and upon one occasion profuse hematemesis. On admission he was weak and emaciated; he had œdema of the extremities, slight ascites and extensive right-sided hydro-

thorax, giving rise to much difficulty of breathing. The cardiac impulse was feeble, the first sound was less distinct than the second, and the action of the heart was irregular and intermittent; there was some dilatation of the left ventricle, but no valvular murmur. No hepatic or renal disease could be discovered.

On June 6th paracentesis was performed, and one hundred and sixteen ounces of clear transparent serum drawn off. Since then all the symptoms have improved, and he is now quite comfortable, although the evidences of irregular action of the heart still remain.

It will be observed that in both of these cases there are very serious symptoms of disturbance of the heart's action and of the circulation. Undoubtedly the œdema and dropsy of the serous cavities is, in both, dependent upon the heart. There are no evidences of organic disease of the kidneys; and the dropsy is not limited to the form which commonly appears in hepatic disease. Yet it will be observed that in neither case is there such a blowing sound on auscultation as usually attends marked organic valvular disease. In one case, a faint mitral systolic murmur is occasionally heard, so that it is probable there is some regurgitation through that valve, but not to a degree sufficient to account for the very grave symptoms of impaired action of the heart which are present. You will quite frequently meet with cases of this type, where there are very serious disturbances of circulation, and either an entire absence or a very slight degree of valvular disease. In such patients there is reason to believe that a considerable part of the trouble depends upon some disease of the walls of the heart themselves. Recent observation has shown that the muscular tissue generally, and especially that of the heart, is very liable to inflammation and to several forms of degeneration. Among these, one of the most interesting as well as most frequent, as affecting the tissue of the heart, is fatty degeneration. This occurs in some cases in connection with a similar change in other parts of the body; while at other times the heart may suffer exclusively, or may present an advanced degree of the change, while other organs are but slightly affected. Very frequently the walls of the heart undergo fatty degeneration after some form of organic valvular disease, attended with hypertrophy, has existed for some time. You will find in some descriptions that the writers include under the head of fatty degeneration the condition in which the walls of the heart merely become the seat of excessive accumulation of fat, often in connection with general obesity. But I prefer to restrict the term to cases where the muscular fibres themselves undergo fatty change, and lose more or less their normal appearance and strength.

True fatty degeneration, unassociated with valvular disease, most frequently occurs after middle age, and results from such causes as interfere seriously with the general nutrition. It is often associated with atheroma of the vessels, and, indeed, it is probable that an atheromatous condition of the coronary arteries, by interfering with the vascular supply of the walls of the heart, sometimes induces their fatty degeneration. It is frequently associated with the peculiar appearances known as "arcus senilis," which is due to a fatty degeneration of the layers of the cornea.

The early symptoms which it causes are characteristic of a feeble state of the circulation; palpitation is readily excited, and there is especially a marked tendency to syncope. The pulse is feeble and irregular, and often frequent. The apex beat is weak, and may sometimes appear only as a slight undulating tremor of the chest wall. The first sound is altered, loses its dull, heavy character, and becomes more sharp and like a second sound, owing to the feeble development of the muscular element. Observe especially that with these signs there may be no valvular murmur whatever. In other cases there may be an occasional slight murmur, as is present in one of the patients you have seen to-day; sometimes this is dependent on degeneration of the papillary muscles, sometimes upon changes in the mitral valve. Later in the case, besides the symptoms and physical signs above described, dropsy in its various forms makes its appearance.

I think there can be no doubt, therefore, considering the various symptoms presented by these patients, that they are both suffering from this condition of the muscular tissue of the heart.

The prognosis of this affection is highly unfavorable. It is often possible, by careful hygienic management and suitable remedies, to avoid the grave results of the feeble state of the circulation, and to prolong life in com-

parative comfort. But such patients are always liable to the appearance of grave symptoms upon slight causes, and too often our greatest care will fail to avert them. In addition to this it must be borne in mind that sudden death is very apt to occur in advanced fatty degeneration of the heart; and, indeed, I think that, with the exception of marked aortic regurgitation, this dreadful accident is more liable to follow in this than in any other form of cardiac disease.

In treating this disease, you should first endeavor to improve the nutrition of the system by a proper diet, and by the use of cod-liver oil, iron, quinia and arsenic. Moderate exercise in the open air is advantageous, but all mental or bodily efforts calculated to excite the circulation should be avoided. The best remedies to regulate the action of the heart are digitalis, Hoffman's anodyne, bromide of potassium, and the preparations of ammonia, valerian, and assafœtida. Sometimes belladonna applied in the form of a plaster is useful, but the powerful cardiac sedatives, aconite and veratrum viride, should be avoided.

Œdema is most promptly relieved by Basham's mixture, or acetate of potash with digitalis. When there is effusion into the abdominal or thoracic cavities, large doses of iodide of potassium, together with diuretics, should first be tried, paracentesis not being resorted to until all other means have failed.

In the patients before you the good results of these general principles of treatment have been very gratifying in both cases. Digitalis has been freely used to regulate and strengthen the heart's action, and in addition, from time to time, Hoffman's anodyne has been administered in repeated doses to quiet paroxysms of palpitation and dyspnœa. As both presented extensive dropsy when they first came under observation, they were immediately placed upon the use of Basham's diuretic iron mixture, and subsequently, of a mixture composed as follows:—

℞.	Potassii iodidi,	gr. xxx vel xl.
	Potassii acetatis,	gr. lxxx.
	Sp. juniperi comp.,	
	Aquæ,	āā fl.℥ij. M.

Dose.—A tablespoonful four times a day in water.

Despite the persistent use of these remedies, however, the œdema and hydrothorax gained ground in both, so that, finally, the operation of paracentesis thoracis was demanded. Its performance has been followed by excellent results in both instances, and it has been found that after the removal of the large amount of fluid, a continuance of the same remedies has afforded great relief, and, so far, has prevented any recurrence of dropsical collections.

Communications.

SOME PRACTICAL HINTS FOR THE TREATMENT, AND FOR THE PREVENTION OF UTERINE DISORDERS.

BY WILLIAM GOODELL, M. D.

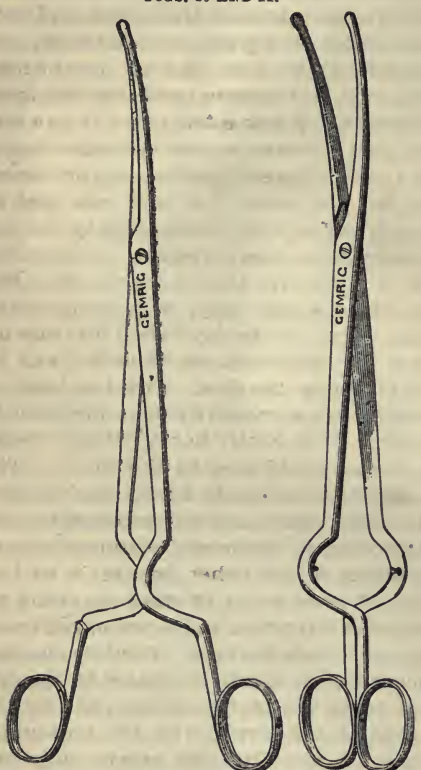
Physician in Charge of the Preston Retreat; Clinical Lecturer on the Diseases of Women and Children, in the University of Pennsylvania, etc.

(*Continued from No.* 880.)

Rapid Dilatation of the Cervical Canal.—This most valuable operation can, at a pinch, be imperfectly performed with the ordinary curved uterine dressing forceps. A far more efficient instrument, however, is a delicate uterine dilator, which, in shape, is like the former, but whose blades are stronger, and so constructed that they diverge as the handles approximate (Figs. 10 and 11). By the aid of the tenaculum, or of the volsella, applied through a speculum, the anterior lip of the cervix is seized, and the dilator is introduced as far as it will go. Upon gently stretching open that portion of the canal it occupies, the stricture above so yields that, when the instrument is closed, it can be made to pass up higher. Thus, by repetitions of this manœuvre, little by little, in fifteen minutes' time, a cervical canal is tunneled out which previously could not admit the finest probe. As soon as the cavity of the womb is gained, the blades are withdrawn far enough to lodge their tips just above the internal os, and their handles are then brought firmly together. When the cervix is cartilaginous in character, or so unyielding as to bend these delicate blades, then a much larger and stronger dilator, with a screw in the handles, must be used. For ordinary purposes I have found the more delicate instrument sufficiently strong, while it has the merit of requiring no previous dilatation of the canal by tents, and the further merit of preparing the way for the admission of the larger instrument when needed. It can very frequently be used without the aid either of

a speculum or of a tenaculum; and in unmarried women this method should always first be tried. This operation is a painful

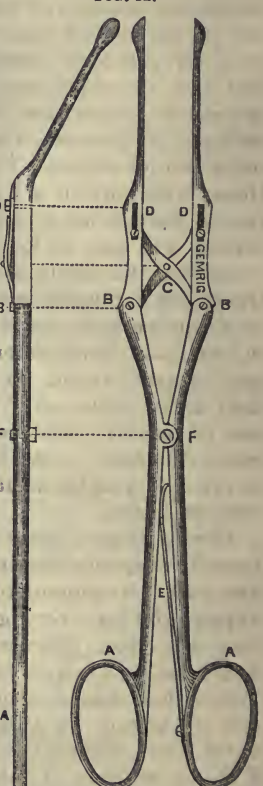
FIGS. 10 AND 11.



one, and may demand the use of ether, but I have very generally done it without. Some of the constrictor fibres are ruptured, sometimes audibly, and a few drops of blood may trickle out of the os. The woman will complain of soreness for one or two days; beyond that I have not seen any bad results. In operating with either instrument care should be taken to keep the blades from slipping up so far into the uterine cavity as to press upon the fundus; otherwise great mischief might result. To prevent this danger, I am not sure but these instruments would be the better for shorter blades, say two inches long at the most, or for a broad shoulder placed at that distance from the tip.

After such a forcible dilatation the cervical canal does not usually return to its previously angular or contracted condition. Since lateral extension of elastic bodies antagonizes their length, the cervix shortens and widens; and the plasma, provisionally thrown out by the submucous lesions sustained by the dilated part, serves still further to thicken and stiffen its tissues. In other words, the stem-like neck of the pear-shaped womb is shortened, widened, strengthened and straightened. Hence for straightening out anteflexed or retroflexed wombs, and for dilating and shortening the canal in cases of sterility or of dysmenorrhœa, arising from stenosis or from a conical cervix, the dilator will be found to be a most efficient instrument. In its results it is not infallible; but, by it I have, at one sitting, cured cases of long-standing dysmenorrhœa, and relieved absolutely all the distressing symptoms of several very obstinate cases of anteflexion, and thus far of every stubborn case of retroflexion. Dr. John Ball (*New York Medical Journal*, October, 1873, p. 363) recommends the use, for a few days after dilatation, of an intra-uterine stem. I have not yet found it necessary to splint the cervix in this manner; but his suggestion is plainly a valuable one, and not to be forgotten. Chambers' intra-uterine stem, or a tent of slippery-elm bark would then be my preference. A few notches cut in the latter will prevent it from slipping out. Dr. Ellinger also states (*Archiv für Gynäkologie*, Vol. v., Part II, 1873, p. 268) that he has found forced dilatation to be a very efficacious remedy for flexions. The blades of his instrument (of which a front and side view are given in Fig. 12) are made short, so as not to reach, and thereby to injure, the fundus uteri. They also open parallel to one another, and therefore, do not tend to slip in or out. In these respects it is an instrument superior to those previously described. But, on the other hand, the latter are more simple in construction, and, conse-

FIG. 12.



quently, less expensive. I have been surprised at the improvement following a forced dilatation made in cervical endometritis, for the easier introduction of remedies. Perhaps this may be explained partly by a change produced in the nutrition of the parts, and partly by the temporary paralysis of the constrictor fibres, just as fissures of the anus are cured by forcibly dilating the sphincters. Since the cervical canal tends to remain open, good results may be expected from this operation in the hemorrhages caused by sub-involution, or by fibroid tumors of the womb. In metrorrhagic attacks and in other cases requiring the injection of fluids into the uterine cavity, I have obtained a free avenue for the escape of the liquid by first dilating the canal with this instrument, and then by introducing the nozzle of the syringe between the expanded blades. Hitherto, the great danger of the fluids being forced into uterine vessels or through dilated fallopian tubes into the abdominal cavity, by spasm of uterine fibres and coarctation of the internal os, has deterred me from often resorting to the use of intra-uterine injections, even in stubborn cases of endometritis. But now, the conjoined use of the dilator, as described above, has, by robbing the operation of its greatest risks, inspired me with more confidence, and I shall certainly try these injections in all cases which other means have failed to relieve. The uterine dilator will also be found very efficient in preparing the cervix for the admission of the armed applicator, and for the reception of a stem-pessary or of a large tent. What is better still, it will often obviate the necessity for using a tent. It is but just to add, that to Dr. Ellwood Wilson is the profession of this city indebted for this method of rapid dilatation, a method which bids fair to revolutionize the treatment of many uterine disorders.

Uterine Tents.—Tents may be made indifferently of sponge, laminaria, or of slippery-elm bark. By glueing together two or three slips of the last, very good-sized tents can be constructed. Sponge and laminaria tents ought not, as a rule, to be left in longer than twenty-four hours. The cervix, while they are in, should be irrigated every two or three hours, during the waking hours, with a strong solution of table salt, or, what is better, with a saturated solution of the chlorate of potassa. I reject carbolic acid, because it does not ordinarily mix well with water; and the permanganate of potassa, because it weakens the elasticity of the sponge-fibres, and stains the clothing. Such detergent injections saturate the sponge and correct the fetor. They also, by imbibition, and by capillary attraction, pass up into the uterine cavity, and thereby lessen the risk from septicæmia. When a tent is put in as a cervical plug to arrest a uterine hemorrhage, then these detergent injections are not necessary, for the blood that will ooze past or through the tent, by washing away the putrid secretions, keeps it sweet. It then can be kept in for over twenty-four hours. For this reason a tent may, with comparative safety, be put in the day before that one on which the catamenia are expected, and be kept in during the flow. This has been repeatedly and successfully done for sterility arising from stenosis; but for this purpose, the dilator would now be my choice. The slippery-elm tent can be left in much longer, as it softens down, and becomes dissolved by the discharges. Although inferior in expansive power to the other two, yet it will be found of great value in cases requiring no very great dilatation, and a prolonged treatment, such as in flexions. The introduction of tents will be much facilitated by the previous use of the uterine dilator, and by the fixation of the cervix with the tenaculum or the volsella. By this means they can often be slipped in without the use of the speculum. Much time and safety will be gained if, after the introduction of one large sponge-tent, it is surrounded by a fagot of smaller tents, made of laminaria.

Let me here impress upon my readers the importance of dilating the cervical canal with but one introduction, or, at the most, with but two introductions of tents. It is not, save with rare exceptions, the tent, or the batch of tents, crowded in at the first visit, that is attended with risk, but those inserted at the second or at the third visit. The history of the reported fatal cases shows that the danger increases with every fresh installment of tents. It is *greater* at the second; *greatest* at the third. This is probably owing to the fact that the removal of the first tent, or batch of tents, more or less abrades the mucous coat of the canal, and by this raw surface are absorbed the putrid discharges generated and retained by the subsequent tents. It is especially in cases of previous pelvic inflammation, and in

those of interstitial or of submucoid fibroids, that I dread the effects of a series of tents, and avoid such a use of them as much as possible. Let me, however, add that, since adopting the plan of injecting the above-given detergent solutions, I have yet to see the slightest ill-effects from the introduction of tents.

Abdominal Supporters.—Within a few months I have become convinced that much advantage can be gained from a judicious use of braces as adjuvants to the treatment of uterine disorders. Alone, they may not cure, but they certainly will often palliate those symptoms which are referable to pressure upon the pelvic organs. They seem to me to be especially indicated whenever a pessary fails to relieve the woman of the feeling that the lower portion of her abdomen needs an external support, a support which she instinctively seeks to give by pressure with her hands. There certainly is, in my experience, no surer way of getting a bed-ridden, hysterical woman on her feet again than by their use. The moral effect of their adjustment is, in such cases, good; and by interposing a shelf upon which the abdominal viscera partly rest, they relieve a congested womb or an irritable ovary from undue pressure. The proprietary character of these instruments has very naturally prejudiced the minds of the profession against them; but *fas est ab hoste doceri.*

The *rationale* of their action is briefly as follows: From the oblique inclination of the pelvis to the spinal column, which is produced by the natural hollow in the back and by the more or less sigmoid shape of the spine, the axis of the trunk does not coincide with that of the pelvis. The womb and the ovaries, therefore, lie in a measure under the shelter of the sacral promontory and of the lower lumbar vertebræ. For the same reason, the sum of the weight of the supernatant abdominal viscera is spent upon the smooth surface of the pubic bones, and upon the adjacent abdominal wall, but not upon the womb, although it is the lowest of the pelvic organs. The little pressure to which it is subjected is not in a vertical line but in an oblique one.

A displaced or a flexed womb may in itself give rise to no unpleasant symptoms whatever; but let it once take on a congested or an inflamed condition, and the weight of the abdominal viscera at once becomes oppressive. If now, pessaries being found inadmissible, a suitable brace is put on, a portion of this load is taken off by its pad, which, by pressing the abdominal wall upward and inward toward the sacral promontory, forms a shelf upon which the viscera rest. Further, by this virtual shortening of the conjugate diameter of the superior strait, the space into which the viscera tend to settle is lessened, and consequently, the womb is to that extent the more protected from sudden succussions.

Again, whenever the retentive power of the abdomen is lost, say by the absorption of the fat-packing in the omentum and in the abdominal walls; by the general decrepitude of old age, or by the muscular debility of ill-health, the woman's figure often becomes greatly changed. Her spine now loses its double curve and becomes bow-shaped; her shoulders droop, her chest bends forward, she stoops; the pelvis, departing from its obliquity, becomes more nearly at a right angle to the spine; and the axis of the superior strait, instead of striking a point in the *linea alba* below the umbilicus, tends now to coincide with that of the trunk. As a consequence the intestines crowd down into the pelvic cavity, and the sum of their weight now converges, not upon the pubic bones and their adjacent muscles, but directly and vertically upon the nicely poised reproductive organs. But since the womb and the ovaries were never intended by nature to be the atlas of the abdominal organs, the one resents the burden, and the other bends and sags down under it. A pessary, by shoring up the womb, gives some relief; but common sense points clearly to the necessity of bringing back the erect carriage, of restoring the sigmoid curve to the spine, and of swinging the pelvis back into its oblique position. To meet these indications a brace is needed, one which is both abdominal and spinal.

Guided by these hints, I feel sure that some of my readers will be able to get once more upon her feet a patient who has been doomed by her friends to a bed-ridden life, on account of some supposed spinal affection. For let me here remark that, since most women in delicate health exhibit one or two very tender spots in the spine, difficult locomotion dependent upon uterine or ovarian trouble is very liable to be mistaken for "spinal irritation" or "spinal inflammation."

(*To be Continued.*)

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

(*Service of Prof. D. Hayes Agnew, M. D.*)

REPORTED BY DE FOREST WILLARD, M. D.

Laceration of Urethra—Traumatic Stricture.

Gentlemen:—The man before you received, some four weeks since, a severe contusion in the perineum from a heavy fall. During the following day he experienced much pain in the neighborhood of the injury and the pelvic region, and upon attempting to pass water found that he was unable to perform the act. I saw him in the evening, and found the tissues of the perineum hot, swollen, boggy, and evidently filled with extravasated urine, which was threatening speedy gangrene. At once I incised the parts freely and deeply with a bistoury, in order to allow free escape, and was gratified to find the oozing immediate. The swelling had not extended backward, but had rather diffused itself upon the scrotum, penis, and upward over the pubis. Such limitation, as you know, is easily explained by the anatomical construction of the middle perineal fascia, which covers in the muscles of the urethra. This fascia, you will remember, is continuous in front with the dartos structure of the scrotum, while upon the sides it is attached, externally to the crura of the penis, to the margin of the rami of the pubes and ischia as far back as the tuberosities; posteriorly it curves down behind the transversus perinei to be firmly attached to the deep perineal fascia or triangular ligament. It is this vertical projection of fascia which so accurately divides the anterior or true perineum from the anal or false. Recalling these anatomical facts, as a surgeon should always do, you will at once decide that a rupture of the urethra has occurred anteriorly to the triangular ligament, since, had the break been posterior to that point the extravasation would not have been superficial, but would have worked its way up beneath the prostatic fascia and into the subperitoneal connective tissue.

The tension upon the perineal tissues, having been relieved by the incisions, I turned my attention to the man's bladder, and finding it greatly distended, attempted to pass a catheter, but was unable, after long and patient trial, to effect an entrance. Knowing that the bladder rarely fails to overflow before the point of rupture is reached, I refrained from any violence, and simply leeched the perineum, applied hot cloths, and gave the man two grains of opium and one-fourth of a grain of extract of belladonna by suppository. Under this treatment but a short time elapsed before the urine commenced to flow and immediate danger was avoided.

During the following week I was occasionally able to enter the bladder with a catheter, but when prevented by the swelling, the above treatment was usually successful in affording speedy relief. The punctures healed speedily, and as no further extravasation of urine took place, it was inferred that the rent in the urethra was also closing, consequently the catheter was used with caution, and only when absolutely necessary. In these cases it is well to depart from the usual custom of using a large sized catheter, since, by its use, the healing orifice in the canal might be stretched and reopened. Extreme care, however, must be used that no false passages are made. I cannot warn you too frequently of the dangers of rude and misdirected efforts in the use of the catheter, since the injury done by a careless or reckless surgeon may greatly overbalance the original disease. The suffering attendant upon a full bladder is great, but the sufferings resulting from forcible catheterism are immeasurably more severe and dangerous, for, as I have said, a bladder will rarely rupture, overflow almost invariably occurring under appropriate treatment. Moreover, tapping of the bladder through the rectum will do far less damage than will the extravasation of urine which takes place after the formation of a false passage, whether that passage be anterior or posterior to the deep perineal fascia. Fortunately now, also, we have a safer method of relieving the bladder, without even the danger of tapping, and that is with the *aspirator*, the fine point of which inflicts so small a wound that the operation may be repeated even several times a day without the occurrence of any untoward symptoms, and with complete relief to the patient. The point is thrust in at the median line, just above the pubis, and by a slow pumping action the urine is withdrawn.

The effects of extravasated urine are often most disastrous, and this man, by the early incisions, has escaped great danger of abcess, sloughing, etc.

The acrid character of urine is such that it cannot be effused into connective tissue without producing gangrene. Especially is this true in the delicate meshes of this tissue in the scrotum, where great œdema and crackling at once follow its introduction, rapidly passing on to destruction, while the skin is not long in following in the same process, the slough being sometimes so deep as even to denude the testes or cords.

The extravasation after injury will occur either rapidly or slowly, according to the size of the aperture in the urethra, but when the rupture occurs in consequence of excessive straining to overcome an existing stricture, the gush into the tissues is rapid and extensive.

The diagnosis of infiltration is not difficult, and no surgeon is justified in permitting gangrene to occur when free punctures will almost surely relieve it.

In regard to the introduction and retention of a catheter in the bladder, I believe that it is only productive of harm. In speaking of the passage of the catheter, I should have mentioned the immense advan-

tage that may be gained by the administration of ether, that agent having such effect in relieving the spasmodic opposition to entrance that it will rarely fail to permit the accomplishment of your purpose without the exercise of any dangerous amount of force.

In the case of the man before us, the wounds healed so that he has been able to pass his water for several days with comparative comfort, but he now finds that there is a tendency to diminution in the size of the stream, and it is quite probable that the cicatrizing process is narrowing the canal. As I have not seen the man for several weeks, I proceed to test this question, and, therefore, take a large sized, well oiled steel sound and pass it down the urethra, allowing it to glide slowly through the tube, while the handle of the instrument is kept undeviatingly directly over the median line of the abdomen. I speak of this position of the handle, since you will be shown a different method by many surgeons, but I am firmly of the opinion that if you will observe this rule you will be far more likely to recognize any deviation from the true course into the pockets or sinuses which frequently exist along the route. The "tour de maître" is useless save for exhibition, unless it be upon corpulent patients. The sound meets with no obstacle until I commence to depress the handle in order to make the point of the instrument describe that arc of a circle beneath the pubis, and you will observe that in this manœuvre I still keep the handle in the median line of the body until it is brought down to a central portion between the thighs. I find, however, that I cannot easily cause it to assume that place, and although I place my finger in the pernieum, and then in the rectum, yet an entrance to the bladder cannot be gained. I press gently but steadily upon the constriction, which is evidently just at the commencement of the membranous portion, in order to tire out the resistive power of the muscles if any spasmodic element here exists, and although I throw them off their guard by engaging the man a moment in conversation upon indifferent subjects, yet I am still baffled. A smaller size will now be tried, and then one still smaller (our caution being increased as we decrease the size of the instrument), until at last No. 4 enters, and we can assure the man that he can be thoroughly cured if he will follow directions closely.

Contraction must be prevented, which can be done by the repeated passage of graduated instruments until all the condensation of tissue has ceased, a process which will consume many years. If you cannot see the patient frequently, it will be better to educate him to perform this operation upon his own person, since it is safer for all patients who have been the subject of stricture to use this dilating power every week or two for a long time.

The treatment of stricture by gradual dilatation, save in exceptional cases, is, as you know, my favorite method, and in my judgment it is by far the safest and most reliable, when any instrument can be passed through the constriction.

Traumatic strictures are more difficult of treatment than those formed by inflammatory deposit as a result of urethritis, but in either case such narrowing should be prevented by the surgeon if the patient is early under his care.

In the case before us, the man will be at once sent to bed and an injection of forty drops of laudanum administered, or preferably a suppository containing a grain of opium, and one-sixth of a grain of extract belladonna. This precaution should never be omitted, as the mere introduction of a catheter or sound is sometimes followed by serious symptoms, to which the name of "urethral fever" has been given. At the next sitting we shall first introduce about a No. 10 sound in order to dilate the canal up to the seat of the thickening, and then withdrawing this large instrument carry in a No. 4, as done to-day, and after allowing it to remain a few moments, then replace it by a No. 6, which will be advance enough for one trial. Upon the next visit, two or three days afterward, the same steps are taken, but the dilatation can be advanced to No. 10, and thus the process is to be continued until a No. 12 or 14 will readily pass, after which, as I told you, the patient should continue the operation for many months; in fact, it should not be omitted at intervals during the remainder of his life.

This precaution of teaching the patient to pass a bougie upon his own person should never be overlooked, since the chances of a reproduction of the stricture are thereby rendered almost nil.

Congenital Deformity of the Penis.

The next case is that of a young man, who comes to us with the complaint that he has some deformity of the penis. He informs us that the organ in the erect state is bent downward or forward, so as to interfere somewhat with coitus, and also give pain. Of course this deviation from the normal standard is not very noticeable in the flaccid condition, but still you can see that there is a tendency even now for the glans to bend forward. The difficulty is evidently due to a shortened condition of the frænum, and he states that it has existed as long as he can remember. The inflammatory thickening which takes places in the corpus spongiosum during an attack of gonorrhœa, and which produces the phenomenon of "chordee," is the most common cause of such an incurvation, but as he states that this difficulty antedated by many years, at least, any attacks of specific urethritis, we are forced to consider it as a congenital deficiency. This opinion is strengthened by the position of the shortening, which seems to be just behind the glans and at no other part of the course of the urethra, and also by the fact that he has a slight deficiency at the lower commissure of the meatus urinarius, an insignificant form of hypospadias. If this

were inflammatory deposit an operation would be of but little benefit, the process of absorption being the only one that would be likely to result in any gain, but as it is a congenital defect I think we can improve his condition.

Any operation must have for its object the lengthening of the frænum. This can be accomplished in two ways: either by cutting off this bridle from its attachment to the glans and permitting it to form a fresh connection at a point more posteriorly, precisely upon the principle of the operation for strabismus,or better,by pinching up the skin just behind the frænum, transfixing it with a bistoury, and then cutting out posteriorly, thus making a ⋈ shaped incision. The extremity of the organ can then be carried to a straight position, and the gap which will be left at the body of the Y closed by drawing together the movable integuments upon either side. The first method is liable to permit the uncovering of the glans to too great an extent by the retraction of the prepuce, but the second fulfills every indication. I therefore etherize the man, and perform the operation described. The arteries of the frænum spring vigorously, but are easily controlled by ligatures, and a few points of interrupted silk suture soon brings all the parts into proper condition. A simple cold water dressing will probable give us union in a few days, erections being prevented by twenty grains of potass. bromid. at night, and a suppository containing one grain of opium, three grains of camphor, and five grains of lupulin.

COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.—CLINIC ON DISEASES OF WOMEN.

BY PROF. T. G. THOMAS.

GENTLEMEN.—To-day I give you the report of a case that was presented at this clinic seven weeks ago (for case, see REPORTER, November 1st, Ovarian Tumor, A. B., 20, page 314). Those of the gentlemen who were here at that time will recollect the poor girl worked in a hoop-skirt factory, and was compelled to leave from the fact that she was supposed to be pregnant. She could not even get into a boarding house. When she presented herself here she had such a striking resemblance to a pregnant woman, that I hesitated at first to carry the sound into the uterus. After a careful examination I did, and found the measurement to be about normal. Although the tumor was small I considered it best to operate. About two weeks ago I removed it, at the Woman's Hospital, and to-day she is out of bed. An incision was made into the abdominal cavity, large enough to admit my three fingers. I then secured the cyst, evacuated and removed it. This incision was merely exploratory, and I did not think at first that I would have been fortunate enough to have gotten the collapsed cyst out through it.

It is not always judicious to operate on a small cyst, for the risk of death is not always counterbalanced by a life even with an ovarian cyst.

Vulvitis and Vaginitis with Endo-cervicitis.

M. O., 22, married. Has two children. The youngest three years old. Has been sick for the last seven or eight months with an ichorous discharge from the vulva. I suspected at first venereal disease, but on inquiring into the case, found there was no ground for the suspicion. On examining the case there is not only vaginitis but vulvitis and urethritis, and on opening the vulva a free discharge of pus came forth.

When the speculum was introduced, a plug of tenacious mucus was found hanging from the cervix, and is the cause of all the trouble. In bringing the case before you it is not so much for the case itself as to make some remarks on a similar class of cases.

This trouble has lasted since the last child was born, and it may be the endo-cervicitis was puerperal. The vaginitis is entirely secondary. If there is any doubt on the subject it may be readily cleared away by tamponing the upper part of the vagina, when the vaginitis, etc., will get well again; by the use of injections the same result will be arrived at, but in forty-eight hours after it will appear. When you find obstinate pruritus vulvæ an examination with the speculum will reveal the true cause of the trouble. There are cases, however, where this may be questionable, for every man of proper instincts avoids, if possible, a vaginal examination in young unmarried girls.

The cervix of the uterus is plicated, and resembles a jungle. In this there is a vast number of mucoparous follicles, the glands of Naboth, and it is with these that the entire trouble rests.

In the use of local application, the tenacious mucus which is the product of the diseased glands presents an insurmountable barrier, and has to be removed before we can hope for any satisfaction from treatment, and I think the very reason they are so obstinate in their cure is attributable to the inability of applying the remedies to the seat of the disease.

Treatment.—The best method that I am acquainted with of removing this mucus, is to take a uterine syringe, and to the end of the nozzle attach a small piece of rubber tubing, say an inch or two, and insert this into the cervix. In these cases the canal is usually dilated. By exhausting the syringe forcibly, the mucus is drawn into it and in this way extracted. Abernethy thought he did a praiseworthy object when he explained how to make a poultice. I hope this method of removing the mucus from the canal may be placed in the same category. It is not uncommon to introduce a stick of nitrate of silver into the cervix, but I do not think I should ever advise you to do it. For if you do the caustic coagulates the mucus and surrounds itself with an albuminous coating, and no good can follow the

treatment. What I now consider the best possible application, is strong nitric acid When Dr. Athill advised this I confess I felt a chill similar to one I got when an authority on gynæ·ology advised the melting down of the cervix with potassa fusa and the actual cautery. Dr. Athill claims that the nitric acid causes less pain than any other caustic, and it is true.

The method is this. After having cleaned the canal of its contents, take a probe and wind around the extremity of it a pledget of cotton wool; dip this in the acid and apply it once or twice to the whole of the canal. Then take another similar probe, dipped in water, and follow up the acid. The other day I applied this to the whole inner surface of the uterus, in a case of menorrhagia, and the patient complained of little or no pain. If after months of treatment no improvement takes place, only one thing remains to be done, and that is to take the sharp curette and scrape all vestiges of those glands, and after two weeks or so, make an application of nitric acid. In the case before us the chemically pure acid will be applied, and the patient directed to use a vaginal injection containing a little glycerine.

I purposely delayed on this case, because previously I have not had opportunity to mention this method of treatment.

Polypus of Uterus.

J. O., 38, single. Complains of an increase of flow at her monthly periods, but this does not continue on through the whole of the month. Has also swelling of the stomach.

When you are called in to treat a case of menorrhagia, look at it not as a disease but as a symptom. It bears much the same relation to the uterus as cough does to the lungs. It is a very mortifying thing to find that, after you have been treating a case for two or three years with styptics, etc., another physician has in a few minutes cured the case. It is not too much to say that the patient is quite angry at the method which has been practiced on her.

Menorrhagia, though usually a symptom of a disease, is not always so, for it is the natural state in some families. When it develops from a previously healthy woman there can be little doubt as to its pathological character.

Vaginal Examination.—The uterus is in position, but the cervix is dilated, and from the cervix hangs a polypus attached near the internal os. I proposed to remove it today, but the patient cannot make up her mind to it as yet. The operation would be to take a scissors and snip the pedicle off, then tampon the uterine cavity with iron cotton. We do not now have the fear of hemorrhage that we used to in days gone by, and for the very reason that we can control it. If there were any distrust about the use of the scissors it might be well to use either the ecraseur or plain loop of wire.

The iron cotton is made by taking cotton or wool and steeping it in a solution of persulphate of iron diluted with three times its volume of water. The pledgets of this cotton are carried down upon the bleeding surface and retained there by being pressed in.

Inflammation of the Neck of the Bladder.

Mrs. M., 44, has twelve children. Three weeks ago first noticed her present trouble. When she passes her water there is no trouble until the last few drops are being voided, then dreadful vesical spasm comes on, which continues three or four minutes. If she does not go instantly to the water-closet, when she feels the desire, it passes away unconsciously. During the night gets up five or six times. When in the street she has to stand and evacuate her bladder. Has no idea of the cause of the trouble. Is this cystitis? No. The urine in cystitis has the signs of inflammation, but this has not. The urine does not contain a trace of blood nor anything to indicate inflammation of bladder. She says that the only relief she gets is from gin. This is very strange. and the reverse of what we should expect.

A week ago I had a patient who had spasm of the neck of the bladder. This was of such an aggravated form that it was impossible to pass a catheter without giving the patient chloroform. No cause could be attributed, but on making an examination a small vesico-vaginal fistula at the neck of the bladder was discovered. This was closed, and although the pain continued up to the time of the operation, there has been none since. Probably this was the cause, although in the present case we have no general cystitis as yet, still, if the case progresses unfavorably it will result in that. The most satisfactory treatment will be, first and most important, rest in bed, and for this purpose we will try and prevail on her to go to hospital. In the way of medication she will be ordered suppositories to be introduced into the rectum, containing one-half of a grain of the extract of belladonna, and one-fourth of a grain of morphia. Of these three are to be used in twenty-four hours. The patient should not be allowed to get out of bed. Several times a day the water must be removed with a catheter. To this might be added a warm hip-bath if the pain becomes severe. The alkalies have quite a reputation in this class of troubles, and particularly liq. potassæ. So also have Pareira Brava and Buchu.

Amenorrhœa—Dementia.

A. P., aged 17, single. This patient refused to answer any questions, so the history must be obtained from her friend. The case is brought before you, not for treatment, but simply as one of a large number that will be brought to your office. She has been only six weeks in this country, and up to the time of leaving Ireland was quite well. Since that time has had amenorrhœa, and latterly has manifested signs of dementia, such as you see before you now. She is

never violent, though at times quite nervous. She will not speak, though quite conscious. I firmly believe that were the ceiling to fall, she would be as quick as any of us to rush from the room; in other words, she is not destitute of common sense.

I do not think the dementia is dependent on the amenorrhœa. Those who see a good many patients who have come over the ocean, know how frequently the sea voyage causes amenorrhœa; and in lunatic asylums we know how the insanity is entirely independent of uterine diseases, occurring in some and not in others, as in ordinary practice. For the dementia we can do nothing here, it belongs to another department.

Editorial Department.

Periscope.

The Application of Cold in Scarlet Fever.

Dr. George Bayles says, in the New York *Medical Journal*:—The extraction of heat by the application of cold is a recognized principle in practice, and the extraction of superfluous heat by the application of a heat-absorbing agent of any description, would not violate the principle. Through my friend, Dr. James R. Leaming, I have been made acquainted with the wonderful heat-absorbing properties of *theobroma* (cocoa-butter). I do not venture too much when I say that, for its refrigerant action in fevers of the major kind, it is an agent cognate to ice water. Its application must be frequent and lavish all over the cutaneous surface. It is absorbed so rapidly that a considerable time is required to so modify the general surface heat that any of it will remain upon the skin, thereby showing (when that is accomplished) the skin to have become, for the time being, supersaturated. The effect upon the patient is agreeable beyond expression, and I hope to see it supersede all other forms of inunction. That tossing violence of unrest and distress is at once measurably decreased. The temptation to constant repetition of this inunction is only restrained by the salutary fear that the interior caloric is not diminished synchronously with that of the surface. That it should is more than desirable. This butter of cocoa has the rare advantage of being a valuable nutrient. Its liberal absorption by the skin is equivalent to a fair share of food taken into the stomach, and normally assimilated. During the desquamative stage it far surpasses lard or oils, being neither so disagreeably unctuous nor offensive to the smell. Indeed the odor of the body after its use is positively agreeable. It always retains its massive form, ready to be laid aside like a piece of fragrant soap when, for the time being, no longer needed, and its application is, to the nurse, almost a pastime.

During the period of intensest febrile excitement, it is quite right to adopt a sort of *coup-sur-coup* course, so to speak, with this agent, as heat must be withdrawn as rapidly as possible for the comfort and welfare of the patient. Once an hour is as often as I have ever applied it, though it might be used oftener with benefit in some cases, and once every three or four hours is the minimum frequency where it is needed at all. I see no reason why, for similar conditions in other diseases, this admirable, pleasantly-flavored, heat-absorbing agent may not be used with great advantage.

Cold to the head must not be overlooked. In a child it cannot be applied in the same direct and comparatively unguarded manner as can be done in the adult.

I have found it sufficient, and more than *tolerable* (being *positively agreeable*), to have pounded ice enclosed in a bladder, and either laid or suspended near the vertex. The air, for many inches around the ice-bag, will be several degrees cooler than the prevailing temperature of the apartment. This can be borne for an indefinite period of time, as it is not attended with the shock ordinarily produced by other more direct applications of intense cold. The shifting and changing so frequently required by other methods, to the great disturbance of the highly-excited or morbidly-conscious patient, are, by this method, quite done away with. On the small iron cots or cribs of the nursery, I have often hung the half-loaded ice bag, within a few inches of the crown of the head, and induced thereby an undisturbed sleep for as much as an hour or more at a time. This refreshment has a value which we can all readily appreciate in the delirious or semi-delirious subject. Such practical matters relating to the management of the disease, in this stage of high vascular excitement and perturbation, may be more or less fully rehearsed at any subsequent period, calling for the resumption of measures similar to those adopted at the first. A relapse of the fever is as successfully treated by the means herein indicated as it is at the beginning, and for many reasons often the whole array of measures, such as are here suggested, are urgently demanded. For rapid reduction of abnormal temperature, I know of no better or more acceptable means.

The Exciting Causes of Asthma.

A paper was lately read by Dr. BERKART before the Medical Society of London, on Bronchial Asthma. He considers that the majority of such cases depend upon a diminished contractility of the lung-substance, which necessitates an abnormally extended period of time before the lungs can recover from a state of extreme inspiration, into which he believes they are thrown during the attacks. Moreover, he believes that bronchial asthma usually occurs in a condition of the lungs which, whilst following some catarrhal affection, precedes an emphysematous change. Dr. Berkhart stated that his own observations supported and, to his mind, established the correctness of this view of the disease.

In conclusion, he summed up the exciting causes of asthma as follows:—

The exciting causes of an asthmatic attack either lie in the nature of the disease itself, or external circumstances, which do not affect healthy individuals, but may acquire that importance and produce an attack in the asthmatic. I shall limit myself to a few observations on this subject. The causes are:—

1. A lung deficient in elasticity must, for obvious reasons, more than any other, allow of a distention of the blood-vessels, and thus become the fertile soil of hyperæmia and of catarrh. According to the intensity of the irritation, to the nutritive and formative peculiarities of the individual, to the state of the affected blood-vessels, and to that also of the secreting organs, the pathological products of catarrh will be either of a serous, mucous, or more fibrinous (croupous) nature. The removal of these pathological products from the air-passages is essential to the performance of respiration; but the force required to effect it will have to be increased in direct proportion to the tenacity of the sputum and to its more or less firm adhesion to the soil whence it sprung. We have, therefore, to acknowledge the tough and fibrinous sputa as the first cause of an asthmatic attack.

2. The inhalation of foreign bodies, such as ipecacuanha, *Asthmatos ciliaris*, Salisbury pollen, etc., and their peculiar action.

3. The radiation of heat from the surface of the lungs, and the changes which this, on account of its morbid alteration, undergoes in contact with the atmospheric air. The skin of the body is protected by clothes interposed between it and the ambient medium, so that they regulate the radiation of heat from the external surface. The surface of the lung, equally in contact with the atmosphere, possesses, under normal conditions, its protective covering in the water-vapor with which the stagnant atmosphere in the lungs is saturated. But if the blood-vessels exhaling the water-vapor be morbidly changed, if thick mucus cover them like a layer of varnish, then the normal radiation of heat from the pulmonary surfaces is necessarily disturbed; the mucus itself enters into a process of diffusion with the atmosphere, with results varying according to the saturation, temperature, and movement of the latter. Under favorable conditions, the mucus dries up on account of the loss of its watery constituents; and in the lungs the same process takes place, as may be often observed on the mucus membrane of the nose in cases of chronic catarrh, in the eyelids in chronic blepharitis, or if a sore be exposed to the air. In all these cases, crusts form, the nasal passages are rendered impervious, and the eyelids are sealed together. Similar changes also occur in the lungs. They then require unspeakable efforts on the part of the expiratory forces to get rid of this obstruction.

4. Displacement of secretion accumulated in the lungs from the seat of its formation into another portion of the lungs, in consequence of which the surface of respiration is suddenly greatly diminished (as after laughter). (Beau).

5. Interstitial œdema. It occurs particularly in connection with diseases of the kidneys (gouty asthma). (*Asthma urinosum*, Bamberger).

6. Thrombosis and embolism of the smaller branches of the pulmonary artery. They produce dyspnœa, which cannot during life be referred to its true cause. Its symptoms are those usually ascribed to asthma.

The Treatment of Apnœa in Heart Disease.

In relation to the treatment of this peculiar form of apnœa, Dr. LAYCOCK says, in the Dublin *Medical Journal*:—

The iodide and bromide of potassium in doses of five grains of the former and fifteen of the latter, taken at bedtime, have proved, in some of my cases, a useful hypnotic; but the means which are available to give tone to the nervous system in general should be diligently adopted, and amongst these nothing is more valuable than a cool bracing atmosphere. Strychnine with iron, when there is fatty degeneration of the heart, is beneficial, but is of doubtful, if not dangerous use, in other cases. The iodide of potassium is a valuable alterative and tonic, with a bitter infusion. In cases in which hypnotics must be used the readiest is a few minims of the liquor of bimeconate of morphia. Hypodermically, all we have to aim at in the use of hypnotics is, so to diminish the sensibility of the pneumogastric centres, that the urgent need for breathing, which comes on consecutively to the apnœa be not felt, for it is the feeling of suffocation which wakens. I have repeatedly watched a patient thus treated by morphia hypodermically, and observed that so soon as the patient was under the influence of the drug, which occurred in about fifteen minutes, the apnœa ceased and the hurried breathing took place without the patient being awakened. Ten or fifteen minims of the liquor of the bimeconate will suffice for this purpose. Upon the whole, however, the iodide and bromide must be preferred as they are both palliative and curative, whereas morphia is not cura-

tive *per se*, but, on the contrary, is injurious. I am satisfied it tends to increase the albuminuria and dropsy which accompany the cardiac and pulmonary lesions. Not unfrequently the gastric vagus is implicated, in which cases hydrocyanic acid is the most efficacious. The influence of the stomach on the heart and lungs should, indeed, always have careful consideration in cardiac and pulmonary neuroses.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Archives of Scientific and Practical Medicine*, edited by Dr. Brown-Sequard, has suspended publication, owing, it is stated, to a want of support.

——We have received an announcement of the *Archives of Electrology and Neurology*, to be edited by Geo. M. Beard, A. M., M. D., of New York. It is proposed to issue the first number of the *Archives* early in the year 1874. It will be published at first semi-annually. Each number will contain from one hundred to one hundred and fifty octavo pages.

——An interesting periodical commences in Germany with the New Year, under the editorship of Dr. Friedrich Kuchenmeister, devoted to the study of epidemics. Its name is the *Allgemeine Zeitschrift fur Epidemiologie*, and it is published by Ferdinand Enke, at Erlangen. It is to appear every two months. Price 4 thalers.

——Dr. Rachel L. Bodley, Professor of Chemistry in the Woman's Medical College of Pennsylvania, has prepared a "Scheme for the Examination of the Urine, for use in the laboratory." It is printed on a folding card, and embraces in very compact form directions for the recognition of the various normal and abnormal constituents of the secretion.

BOOK NOTICES.

Transactions of the American Otological Society, Sixth Annual Meeting, (June). Boston, Alfred Mudge & Son, pp. 131, 1873.

The first paper in the *Transactions* is the Report on the Progress of Otology, by Dr. C. H. Burnett, of Philadelphia; and it is a most creditable paper, with the exception of the first page, which was taken up in treating of a work which had not yet appeared, and should have been reserved for the Report of 1874. Passing by what we consider the only flaw, we enter upon an examination of it, noticing, first, a subject which is of interest to all the members of the medical profession, namely, the "nasal douche," which he states has been the object of investigation by Dr. Seyfert,* of Odera, who lays down three leading principles to be observed in the application of this douche:—

1. The vessel containing the fluid to be injected must not be higher than the forehead of the patient.

2. The forehead must not be inclined forward too greatly, for if it be, the fluid enters the frontal sinuses.

3. The fluid used in each case must be tepid, and in bad weather the patient should not leave the room for one-quarter of an hour after the use of the douche.

Dr. Seyfert says that he has never known a case of secondary inflammation to occur when these rules have been observed.

The same writer alludes to the fact that Dr. Roosa, of New York, and others, have written in unfavorable terms concerning the use of this means of treatment; but as he has seen numerous cases of the use of the nasal douche in the clinic of Prof. Wendt, in Leipsic, without any accidents, he thinks there must have been some error in its use in the first case related by Dr. Roosa, in Vol. 1 of Moos and Knapp's Archives, especially in regard to the height of the vessel above the forehead, page 28.

There are two other rules which we would give. That the nasal douche should never be employed when there is a scrofulous, tuberculous, or fatty degeneration of the membrana tympani or mastoid cells, even when the membrana is apparently sound, or only thickened. In chronic catarrh a careful examination of the membrana tympani should always be made before and after the application of the douche. By following these rules, the writer has never had one severe secondary inflammation, in a practice of several years, to follow its use, in a large number of ear and throat cases.

We notice pages 29 to 35 are occupied by a reference to mastoid disease, and to the elaborate and truthful paper on this subject

* Seyfert. Ueber die vielfache Anwendung des Irrigations apparates, Wiener *Med. Presse*, Nos. 33, 34, 36, 1872.

by Schwartze and Eysell,* for although published abroad, they give credit to a Philadelphian who perforated the mastoid cells as early as 1862, while Dr. Buck, of New York, in his paper on the same subject, fails to give this credit in his historical record of the same operation. Our limited space will not permit us to notice the many points of interest to the specialist in this valuable report.

He concludes by a reference to "the subject of deaf-mutism, and the education of the deaf and dumb by means of lip reading and articulate speech, which has claimed the attention of aurists, both in England and America, during the past year. Dr. Dalby, of London, Turnbull and Burnett, of Philadelphia, have written papers calling attention to this important topic."

Then follows three cases of ear disease by Dr. Buck, of New York, p. 58 Transactions, "presenting no features that are new," nor is the case which follows it, by Dr. Kipp, of abscess of the mastoid cells, followed by recovery, and yet death ultimately ensues in twenty-one months by false aneurism.

On p. 81 are observations "on the method of performing tenotomy of the tensor tympani muscle," by Dr. Green, of Boston, and on p. 86 Dr. Bertolet treats of the value of the operation of tenotomy of the tensor tympani muscle. In the first paper the writer states that "I do not propose here to discuss or give any judgment on its value, but merely to speak of the methods of performing it." On p. 81 he recommends section through the posterior segment, between the manubrium and long process of the incus, discarding Weber's method, on account of the complicated action of the knife, and reversing Gruber's knife, turning the curve forward, and found that the tendon could be easily and surely reached; but as Gruber's knife was designed rather for transfixion than for cutting upward and downward, he had a knife made with the same curve, but with a round instead of a sharp end, and with slightly curved edges. With this he was enabled in *every case* to divide the muscle a short distance from its exit from the osseous canal, and in no case were the other ossicula even touched." As these experiments were made on the dead subject, and he has only performed the operation twice on the living, we must wait for further reports of the use of this method by some one else.

* Uber die Künstliche Eröffnung des Warzenfortsatzes. Archiv für Ohrenheilk., No. 2, 1873.

Dr. Bertolet proposes in his paper to give the value of tenotomy of the tensor tympani in sixteen cases, but from their imperfect histories and the limited number of cases, no positive conclusions could be obtained from them. The instrument employed was Frank's modification of Weber's tenotome, a simplification of the latter's instrument, in which the beak, pointing directly backward, is attached at an angle of 60°, p. 89.

The concluding papers are by Dr. Pomeroy, of New York, on "Paracentesis of the Membrana Tympani," containing nothing new. "A case of Hardness of Hearing for Low Tones," "Paradoxical Formula in the Application of the Constant Electric Current to the Right Ear," and "A New Tympanic Trephine," by Dr. Burnett, of Philadelphia. "Ulceration of the Dermoid Layer of the Membrana Tympani," by Dr. Green, of Boston, and two valuable papers by Dr. C. J. Blake, of Boston, on a subject to which he has devoted much careful investigation, viz., "Reaction of the Auditory Nerve under the Galvanic Current," and "Diagnostic Value of High Musical Tones."

On page 123, a case of "Deformity of the Auricle resulting from Inflammation of the External Auditory Canal," is reported by Dr. Roosa, who thinks the deformity was the result of inflammation, and an unknown fungous growth was produced by poulticing; but by a careful study of the report of the case we would suppose it to have been a badly treated furunculous inflammation of the auditory canal, where the numerous incisions were in no case made, as is a well known rule, down to the bone, and furthermore, the same case reported, photographed, and engraved, on p. 113 of "Diseases of the Ear," by the same author.

The last, but not the least important article, is "Deafness in consequence of Epidemic Cerebro-Spinal Meningitis," by Dr. H. Knapp, who gives all that is known of the clinical history and pathology of this fatal disorder, and agrees with the views expressed in a paper on the same subject, read by Dr. L. Turnbull, in May, 1873, before the Medical Society of the State of Pennsylvania, and published in their transactions for 1873.

—Dr. Gradenigo, of Venice, has been appointed Professor of Theoretical and Clinical Ophthalmology in the University of Padua.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JAN. 17, 1874.

D. G. BRINTON, M.D., Editor.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editor disclaim all responsibility for statements made over the names of correspondents.

NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

DR. SAMUEL WORCESTER BUTLER.

It becomes our sad duty to announce the death of the late Senior Editor of this journal, Dr. SAMUEL W. BUTLER. His life was closed on the sixth of January, at his residence in this city, after a lingering attack of phthisis pulmonalis. A retrospect of his labors is not only due to the readers of this journal, but to the profession at large, as a memorial to the unflagging energy which he ever devoted to its highest interests, and to his personal worth as a physician and an enlightened and patriotic citizen.

He was born at Brainard, East Tennessee, May 1st, 1823, where his father was residing as a physician and missionary among the Cherokee Indians. His early years were passed in frequent intercourse with members of this tribe, by which he acquired considerable proficiency in their language, and a deep sympathy in their welfare, a sentiment which he cherished throughout life, never losing an opportunity to urge the protection of the political rights and the advancement of the moral culture of the aboriginal race.

The careful training of his parents was continued at a classical school at Wilton, Connecticut, where he received a sound academical education, on closing which he at first had thoughts of preparing himself for the field of missionary labor. A strong natural bent for medical studies led him, however, to qualify himself for the profession of a physician. The preliminary preparations for this pursuit he completed under the direction of his father, and he then matriculated in the Medical Department of the University of Pennsylvania, from which institution he received his diploma in the year 1850.

His thesis at graduation was upon the therapeutic value of the *Hydrangea Arborescens*, a remedy employed by his father, and to which this thesis, subsequently published in the same year in the *New Jersey Medical Reporter*, first drew the attention

of the profession. Its value in calculous complaints has since been attested by many practitioners, and is fully conceded in the subsequent editions of the *United States Dispensatory* (13th Ed. p. 1611). We have thus to thank him for the introduction into the materia medica of another of those remedies discovered by the aborigines, which, like quinine, jalap, and ipecacuanha, will never be neglected by civilized science.

After graduation he commenced practice in Burlington, New Jersey. His tastes for literary pursuits and native ability as a writer, led him to take a lively interest in a quarterly journal, then published at Burlington, the *New Jersey Medical Reporter*, the same in which his thesis was published. The editor was Dr. JOSEPH PARRISH, whose labors in the cause of providing proper treatment for cases of chronic alcoholism have since made his name familiar to the profession. Dr. PARRISH invited him to take the position of Assistant Editor, to which he willingly assented, and thus commenced that long career of medical journalism which continued with increasing success and influence up to the period of his death.

In 1854, on the retirement of Dr. PARRISH, he assumed the exclusive management and proprietorship of the journal, one of his first steps being to change it from a quarterly to a monthly. His editorial labors were so well received by the profession, that in 1858 he determined to remove from the somewhat provincial quiet of Burlington to Philadelphia, at that time, and largely still, the professional metropolis of the country. A not less daring change was the alteration of the journal from a monthly to a weekly, its title becoming THE WEEKLY MEDICAL AND SURGICAL REPORTER. The result justified his confidence. His self-forgetful zeal for the advancement of the profession, his unwavering maintenance of what is honest, and noble, and true in that profession, and his unceasing denunciation of whatever seemed degrading to it and unworthy of it, brought him their sure though slow results, in general recognition and approval. Under a thousand discouragements, especially in the early years of our civil war, he continued the publication of the REPORTER when nearly every other medical periodical in the country was obliged to succumb. He was materially aided in this by the leisure afforded by his position as Superintendent Physician to the Insane Department of the Philadelphia City Hospital, to which he had been elected in 1860, and which he filled for seven years.

At the close and after the war, his efforts were rewarded by an extended circulation of the REPORTER. In 1866 he prepared and published the *Physician's Pocket Record*, and in 1868 established the *Half-Yearly Compendium of Medical Science*, both of which have appeared regularly ever since. The *Physician's Prescription Record* and the *Physician's Annual* also owe their existence to his enlightened appreciation of the wants of the profession. His last literary undertaking was the preparation for the press of *The Medical Register and Directory of the United States*, a work of great labor, which he left in a forward state of completion.

In these varied enterprises he was called upon to perform an astonishing amount of arduous work, which at last commenced to tell upon his constitution. In the spring of 1871 he was attacked with a form of latent pneumonia, which implicated the left lung. From this he never completely recovered, a consolidation of the lower lobe remaining, which slowly passed into tuberculous degeneration. Sanguine and full of energy, he was not willing to admit the necessity of a suspension of his pursuits, and continued them when his medical advisers more than feared their untoward influence.

As early as 1867 the rapidly increasing duties of the editorial department had led him to transfer them in part to Dr. D. G. BRIN-

TON, and as his debility increased he found it necessary to withdraw more and more from the daily tasks of business life. From the commencement of 1873 he entrusted both the business and literary management of the office entirely to his associate, but never lost, to the last, his vivid interest in professional questions and scientific advancement. The last editorial he contributed to these pages is the second one in the number for August 9th, 1873, and no one reading that lively and spirited comment on an item of medical news would suspect the failing body of him who penned it.

We cannot close this inadequate account of our departed associate without adding that from youth up he was earnest in the faith of his fathers; that no Christian work lacked his sympathy, and as far as he felt able, his aid; and that he took a prominent part in the deliberations of the church of which he was a member, and for a number of years an elder.

Notes and Comments.

Syphilography.

If specialists in syphilis agree on any one point we have been as yet unable to discover it. Here is the view of Dr. SISSON, given in the *British Medical Journal*:—

The manifestations of syphilis are very irregular; the graphic descriptions of writers on the subject are untrue, and consequently misleading. Let the objectionable terms "secondary" and "tertiary" be abolished. Call the exordial sore "chancre," hard or soft as the case may be, and the resulting phenomena "constitutional syphilis," or "syphilis" simply. For a long time it has been held by great authorities, that in the so-called "tertiary stage" of syphilis the syphilitic virus is exhausted, and, therefore, contagion impossible. Perhaps this dictum may turn out as fallacious as that other dictum formerly held by equally great authorities, conspicuously by Ricord, viz, that the secretion of a secondary sore was not infectious. No one, however, at the present day, who dares trust the evidence of his senses, will subscribe to such an opinion. My own observations lead me to believe that syphilis is far more widely spread by means of so-called "secondary sores" than by the irritating chancre. When it is proved, then, that "tertiary syphilis" is not syphilis at all, the terms "sequelæ of syphilis," or "syphilitic cachexia," will be unobjectionable."

The Beneficiary Scholarship Question.

A medical college in Louisville which attempts to make a prominent card of its "Beneficiary Scholarship" has been taken to task lately, in the person of its Dean (Dr. E. S. Gaillard), in the following terms, by the Dean of the Faculty of the Medical College of the State of South Carolina (we quote from a letter in the Charleston *Medical Journal*):—

"We may, however, remark in this connection that your numerous appeals in aid of your beneficiary scholarships, through the secular press, and above all your selection of an instrument in the person of the Hon. R. B. Elliott, the colored Representative to Congress from the Third Congressional District of this State (see your letter to him in *Daily Union Herald*, July 30, 1872), has more than surprised us. As a Carolinian, dispensing charity to your native State, it might have been as well to remember that you were dealing with a yet proud, if a down-trodden people."

That such a high-toned and withal fiery Southron as Dr. G. should solicit the aid of that respectable colored gentleman rather surprises us.

Iodine Injections in Diphtheria.

Dr. Menzel says that he used local injections of iodine during a severe and fatal epidemic of diphtheria which lately prevailed in Triest, and resisted the operation of caustics, chlorate of potash, sulphur, hypermanganate of potash, carbolic acid, etc. He believed that the injection of iodine into the parenchyma of the tonsils would not only arrest the progress of the disease, but act beneficially by its absorbent effects. The first case in which he tried this plan was a child aged six, who had been ill two days. The tonsils were enlarged, lay in contact with each other, and were ulcerated. There were two or three enlarged and painful glands at the angle of the jaw on each side. Four drops of Lugol's solution of iodine were injected into each tonsil, by

means of Pravaz's syringe; the next day the tonsils were found reduced to their normal size, and the glandular swellings could scarcely be recognized. The child soon recovered.

A Mistake; Not Allopathic.

A contemporary refers to the REPORTER as an "allopathic" journal. It is in error. We distinctly repudiate allopathy, considering it an obsolete and foolish school of medicine. We subscribe fully to the following response from the Faculty of Naples to the question of the propriety of introducing homœopathy into the University of that city:—

"The University of Naples is not a proper field for instruction in homœopathy, because the rational medicine which is imparted here, on the basis of the natural sciences, excludes allopathy as well as homœopathy or any other absolute system or dogma. The study of rational medicine is as far removed from the ancient allopathy, with its bloodletting and purgation, as from the recent delusion of homœopathy with its ridiculous infinitesimal doses, and *similia similibus* medication."

The Efforts of Nature.

In a thoughtful essay on "Life and Disease," by Dr. Alfred Hosmer, in the Boston *Medical and Surgical Journal*, the author remarks:—

"The average human system is rich in self-protective power, and the determination with which it instinctively seeks to maintain its integrity to the last is strikingly shown in two instances. The appearance of unusual health which frequently precedes a seizure, seems to be the final effort which the system makes, under the stimulus of some premonition, to resist the approach of disease. In close analogy with this, is the improvement often noticed in symptoms just before death; a delusive change, which is simply the evidence of one last attempt to rally before yielding in a hopeless struggle."

Sulphate of Quinine in Optic Neuritis.

M. Deneffe, accepting the views recently advanced, that sulphate of quinine excites the vaso-motor nerves, and consequently causes contraction of the blood-vessels, recommends its use in cases of retinitis. In one case in which he tried it, diarrhœa set in, which, however, was successfully combated by decoction of rhatany, with the addition of a little watery extract of opium. After the diarrhœa was arrested, improvement in the power of vision commenced, so that in the course of a month the patient, who was suffering from an attack of idiopathic retinitis, was regarded as almost completely cured.

Test for Potable Water.

Good water should be free from color, unpleasant odor and taste, and should quickly afford a good lather with a small proportion of soap. If half a pint of the water be placed in a perfectly clean, colorless glass-stoppered bottle, a few grains of the best white lump sugar added, and the bottle freely exposed to the daylight in the windows of a warm room, the liquid should not become turbid even after exposure for a week or ten days. If the water becomes turbid, it is open to grave suspicion of sewage contamination, but if it remains clear it is almost certainly safe.

Enlarged Spleen.

At a meeting of the St. Louis Medical Society Dr. Edgar spoke of the derangement of the spleen, in marsh fevers, and that it *contraindicated mercurials*; which he feared received too little attention by the profession generally. That, while quinine was doubtless the best antiperiodic we know of, a *cold saturate of the bark* was more valuable in preventing relapses of intermittents. Haydon's saturates he had found reliable in preventing relapses.

The Parisian Treatment of Cholera.

It is certainly an opprobrium to science that medicine is absolutely powerless before the cholera. The Parisian correspondent of the London *Medical Times and Gazette*, writes:

Every variety and form of treatment is adopted in the hospitals here, such as emetics, purgatives, opiates, astringents, stimulants, in the form of tea and rum *ad libitum*, a most nauseous mixture at any time, but more particularly so in the time of cholera. It is, however, being used as a sort of universal remedy by the French for the disease, though I have heard many people say that the very idea of the mixture excites nausea and vomiting. Isolation of cholera patients, to my mind, constitutes one of the most es-

sential of the prophylactic measures that should be taken to prevent the spread of the disease, but whether it is considered such by the French physicians or not I cannot say; one thing, however, is certain, that in an epidemic of cholera, as in an epidemic of small-pox or any other contagious disease, persons so affected are placed in the ordinary wards among the other patients, and it is only when the disease has spread somewhat, and taken a firm hold in the place, that they think of separating the patients. The hospital cases referred to in the first part of my letter are examples of this culpable negligence.

The Oldest Yet.

Dr. CATTELL, of St. Joseph, Missouri, writes us:

"Mr. John Copeland, a resident of this vicinity, died on the 13th inst., at the wonderful age of 105 years. He was born in the State of North Carolina, in 1768. He remained at his place of nativity until 1829, when, at the age of 60, he removed to the State of Tennessee, where he resided until 1840. From Tennessee he came to this State and county, in 1840. He lived in his native State 61 years, in Tennessee 11 years, in Missouri 32 years."

Pills for Tape-Worm.

Peschier's pills for tape-worm are prepared by forming a pill mass with 1.6 gramme ext. filicis æth, and 1.6 gramme pulv. rhizom. filicis, dividing the mass into twenty pills, and rolling them in locopodium. Dose, ten in the morning and ten at night; following the last dose with a clysma of two grammes ext. filicis emulsionized with fifteen grammes gum arabic and sufficient water.

Headache After Drunkenness.

Byron recommends "sermons and soda water." The *Revue de Therapeutique* says: Take of solution of acetate of ammonia, tincture of bitter orange peel, syrup of bitter orange peel, each 20 parts; water 500 parts. To be given in repeated tablespoonful doses.

The Frequency of Starvation.

Death by starvation is far more common than we are apt to believe. The eminent M. Diday, of Lyons, has recently devoted his pen to this theme. His aim is to show that, in schools and workshops, the system of half feeding yo ıths and young girls who are rapidly developing, and who, above all things, require wholesome and sufficient food, occasional rest, and pure air, lies at the root of numerous ailments, the cause of which is simply insufficiency, and often bad quality of food. The prevalence of phthisis is largely due to under-feeding.

Cod-Liver Oil Bread.

With a view of overcoming the repugnance of some patients to cod-liver oil, M. Bouchut has sought to mask the taste of the oil by incorporating it with flour and making a kind of bread of the mixture. This bread is described (*Repertoire de Pharmacie*, N.S., i, 425) as not in any way disagreeable, and its success during several weeks is stated to have been very encouraging.

A Stomach Syphon.

At a meeting of the St. Louis Medical Society, Dr. Hodgen presented a simple appliance to pass liquids in and out of the stomach, consisting of a rubber tube three or four feet long, attached to a smooth elastic rubber bougie eighteen or twenty inches long, to pass into the stomach after being filled with water, on the principle of the syphon. By depressing the free end below the stomach, its liquid contents would flow out, when the action could be reversed by placing the free end into a vessel filled with water and elevating the same above the end in the stomach. In this way the stomach could be emptied and washed out without resorting to the stomach pump, so often not at hand or out of order, on account of its valves. The tube recommended being free from valves or other complication, and of trifling cost compared with a stomach pump, favored its universal adoption.

The Anticipation of Post-Partum Hemorrhage.

Dr. EWING WHITTLE, of Liverpool, says, in the *Obstetrical Journal*, that long ago he observed that post-partum hemorrhage was preceded by sharp and strong pains of short duration, with the intervals between the pains relatively very long. To prevent hemorrhage from taking place, the character of the pains must be altered, so as to make them longer and the intervals shorter.

This was accomplished by giving a full dose of ergot as soon as the os uteri was fully dilated, if the soft parts were sufficiently lax and dilatable. Dr. Whittle generally gave the equivalent of two drachms of the liquid extract of the Pharmacopœia. If this did not act on the pains, he repeated it in an hour, but this he seldom found necessary. Great care was necessary in *primiparæ*, as the ergot sometimes acted with great energy; as a rule, it was better not to administer it in these cases until the head began to rest on the perineum, and the soft parts were well dilated; the dose also should be smaller, not more than thirty-five or forty minims, which could be repeated if necessary.

Correspondence.

The Treatment of Repeated Aborting.

Eds. Med. and Surg. Reporter:—

I send report of a case which may prove of interest to the profession.

Mrs. S., some twelve months after marriage, aborted, followed by considerable hemorrhage, which left her in quite an anæmic condition. I did not see her at this time, but she became "enceinte" again, and about the seventh month was taken with convulsions. I was called, and found her having spasms about every twenty minutes, complaining of violent pains in her head and back, extending around to the umbilicus, some slight hemorrhage, pulse 130, hard and thread like.

I ordered at once bromide of potassium in twenty grain doses, to be repeated every twenty minutes. Finding the bromide did not have the desired effect, I substituted chloral hydrate in fifteen grain doses, which seemed to act much more favorably, but only to lengthen the interval between the convulsions to one hour. The next morning, being compelled to visit another lady, and not wishing to leave the case alone, I sent for another physician, who kindly consented to remain until I returned. In the afternoon I found the interval between the spasms about the same, but the convulsions much worse. We proceeded to take fifteen or sixteen ounces of blood, after which she never had another convulsion, and the child was born during the night.

Not very long afterwards I was called to visit this lady, threatened with an abortion of two and a half months. She aborted, all my efforts to the contrary, and I found much difficulty in controlling the hemorrhage. I advised her husband and parents, and told her I thought she should have her case examined, as I believed there must be some local exciting cause. She failed to do so and became pregnant again. About the same length of time, two and a half months, I was called to visit her early in the morning, and found her suffering with violent pains, and severe headache, with some hemorrhage. I prescribed some pills of opium and camphor, but found they gave no relief, so I directed vin. ergot in teaspoonful doses every twenty minutes, if necessary, until pains ceased or hemorrhage subsided. I saw her again after she had taken two doses. She said after taking the first dose and before the time for the second, her pains ceased entirely, but still there was some hemorrhage. I directed to continue the medicine in one-half teaspoonful doses every hour, and continued this treatment until the following morning, when I found the hemorrhage had entirely stopped, and her general condition comfortable, except complaining of some soreness. I then gave her tinct. ferri chlor. and vin. ergot, each gtt. x, every three or four hours. The fourth day after last hemorrhage she was sitting up before the fire, and said she felt quite well except a little weak. She is now doing well.

I would add that last summer, while at the Cold White Sulphur Springs, I met with Dr. Albert Snead, of Richmond, who has since died, and speaking of the history of this case to him, he stated that in similar cases as this, when suffering with convulsions, he had found that the veratrum viride acted almost like a specific, and he had often used it. Respectfully,

B. P. Reese, M. D.

Staunton, Va., December 22d, 1873.

Dangers from the Prolonged Use of Ergot.

Eds. Med. and Surg. Reporter:—

In the Reporter of Dec. 6th, under the head of the treatment of intra-mural fibroid, Professor Thomas says, "The treatment should be to keep the patient on ergot for one or two years, if necessary." * * Professor Thomas' opinions are too highly regarded by the profession of this country for his practice to be misunderstood, as serious results may follow therefrom. I have been in the habit of giving ergot in diseased conditions, where its somewhat prolonged use is necessary to obtain the well known therapeutical effects of the drug, and in several instances I am satisfied that the nutrition of the brain and nervous system was enfeebled, and that mania of the brain was imminent. I believe that secale cornutum acts powerfully both upon the muscular coat of the arteries, producing contraction and diminution of their calibre, and directly as a styptic to the blood. I think that Simon has proven that white softening of the brain, paresis, atropic conditions of the extremities, dry gangrene, or dying of the fingers and toes, have been produced by the poisonous dietetic influence of the secale cornutum, which he further says simulates exactly the gangrene which arises from arterial obstruction.

Then the question arises, is it not a dangerous agent used, as recommended by

Professor Thomas, for months or years. I know of no agent of equal power over the capillary circulation. If this power is admitted, the dangers attending its too prolonged administration is manifest.

G. C. CATLETT, M. D.

St. Joseph, Mo.

NEWS AND MISCELLANY.

Testimonial to Memphis Physicians.

It is proposed, and the proposal is a most fit one, to erect a suitable monument to those physicians who fell victims to the yellow fever in the Memphis epidemic. From a circular which has been sent us, we make the following quotation, heartily commending the project to our readers :—

"The faithful physician who survived the storm bears in his conscience its plaudits of duty done ; But our seven brothers, Williams, Freeman, Crone, Hatch, Kennon, Blount, and Minor, fallen at their post, martyrs to the cause of humanity, aye bright exemplars of professional honor and duty, sleep in their quiet graves, with more lasting glory than embalmed warriors in piles of storied marble. Our fallen brothers, if they could be consulted, would doubtless wish no fitter burial than quiet interment in leafy Elmwood, but professional pride demands the honor of their perpetual commemoration, and we ask in this behalf that a suitable stone be raised and carved for them. Their fame, the story of their heroism, belongs to the medical world, and our brethren throughout the broad land are respectfully requested to contribute something to this laudable end. Your contributions, however small, will aggregate a success to the enterprise.

Remittances may be made to either member of the Committee.

RICHARD H. TAYLOR, M. D , 44 N. Court st.
F. L. SIM, M. D., 115½ Beale street.
R. W. MITCHELL, M. D., 275 Main street."

Memphis, Tenn., Nov. 10, 1873.

The Price of Cauls.

The following advertisement appeared in the *Public Ledger* of this city a few weeks ago :—

"To Sea Captains.—For Sale—A child's caul, $150. Address A. B. S., Ledger office."

We believe the superstition it relates to is that a ship with a caul on board will never sink. The highest price quoted by Dr. Dunglison in his Dictionary is twenty guineas. Apparently the value of "lucky hoods" is on the increase.

Medical Politics in Hudson County, N. J.

The medical practitioners in this county have formed two separate County Medical Societies, each claiming to be the "Simon pure," and each has elected delegates to the next session of the State Medical Society to be held at Long Branch next June.

The Phenomenon of Second Growth.

A singular question of identity has been on trial in Malone, New York. A man forty years of age, who had not been heard of for two years, returned and claimed his wife and property. She denied his identity, as he was several inches taller and otherwise unrecognizable. His story was that he had had small-pox, had lost his mind, was for two years in an insane asylum, and meanwhile had grown taller. We remember that Lord Herbert, of Cherbury, in his remarkable autobiography, relates that after a severe and prolonged attack of malarial fever, he grew several inches in stature, although at the time he was thirty-two years of age.

The Insane Poor.

The Governor of Pennsylvania, in his recent Message, refers to Hospitals for the Insane, the insufficient accommodation in the Hospital at Harrisburg, the new Hospital at Danville with one hundred and sixty inmates, the selection of a site for the new Hospital at Warren, and to the hardship and impolicy of associating insane criminals in the same hospitals with those undergoing mental and medical treatment, instead of supplying separate places of confinement for the criminal insane, which he recommends.

Melbourne, Australia, has a law which has recently come into operation, by which persons brought before a police bench charged with insanity, said insanity having been caused by excessive drinking of intoxicating liquors, are to be sent to prison and treated as criminal lunatics, and not, as heretofore, forwarded to a benevolent or other asylum, to be treated as afflicted individuals.

Report of the Health Officer.

The report of Mr. Addicks, Health Officer, from December 1st, 1872, to December 1st 1873, shows that 1296 foreign vessels that arrived at this port were examined by the port Physician. Of this number 113 were steamers, 81 ships, 441 barks, 300 brigs, and 361 schooners, being a total increase of 145 over 1872.

Cholera.

The last case of cholera in Vienna occurred Nov. 10. From April 4th, when the first case was reported, there were 4841 cases, deaths 2681, per centage of mortality 55.38, considerably more than half. The disease is raging among the Dutch troops at Acheen, and is very fatal, especially to the native allies.

Ague Preventives.

The *Eucalyptus globulus* has been recommended as an appropriate shade tree for Staten Island and other resorts afflicted with malarial miasms. Sunflower plantations have the same effect, and are far more rapidly grown. Why are such facts so little acted on ?

Remarkable Coincidence.

The Springfield, Ill., *Journal* is responsible for the following:—A doctor in Jacksonville, who rather suspected some one was peeping through the keyhole of his office door, investigated with a syringe full of pepper sauce, and went home to find his wife had been cutting wood and a chip had hit her in the eye.

Another Trader on Dr. Bennett's Reputation.

Dr. J. Hughes Bennett, of Edinburgh, besides having an Eclectic Medical College fathered upon him in Chicago, now has been adopted as patron saint by a traveling quack in Indiana, who sells Prof. Bennett's *Healing Balsam* and *Liver Syrup*. His circulars are headed with a wood cut representing the historic interview in which the Edinburgh professor reveals the composition of these magical mixtures.

Personal.

—The celebrated physicist, De la Rive, died at Geneva, in December, in the 72d year of his age.

—Professor D. L. Ditterich, editor of a medical journal in Munich, died in November, aged 70 years.

—Professor Hyrtl, the anatomist, has retired from his professorship in Vienna, on a pension.

—Professor Helmholtz receives this year the Copley Medal of the Royal Society of Great Britain.

—Dr. Anson P. Hooker, of Cambridge, Mass., colonel and assistant surgeon upon the staff of Governor Washburn, died on Wednesday. His disease was lung and typhoid fever.

—Alanson Sumner, Esq., of Albany, has given the Dudley Observatory $1000 for the erection of a building for magnetic observations, the instruments for which have been furnished by the United States Coast Survey.

—An Indian doctor in Washington Territory was recently unfortunate enough to have a patient, a squaw, die under his treatment, and as he was too poor to compensate the husband for his loss, the latter balanced the account by shooting the doctor.

—Corn meal, heated and placed in bags, is recommended as a substitute for hot water bottles and such like appliances for restoring warmth to the sick. It is said to weigh less, retain heat longer, and does not chill when cold.

—It is stated that London actually drinks pure milk. Under the adulteration act of 1872, the least addition of water to milk sold as pure subjects the offender to a fine of $20, and, if the offence is repeated, his name and crime are printed in one of the local papers in addition. It is reported that "the children are growing fat and healthy."

—Our German friends are disgusted to learn that much of their highly prized caviar is only colored sago.

—A psychiatrical clinic has been established in Leipzic, for which an appropriation of two hundred and fifty thalers was made.

—At Wernegerode, in November, one hundred persons were affected with trichinosis, from eating raw meat.

—The medical department of the University of Vienna is rapidly losing its prestige. Causes: the advance in prices, and the mal-government of the institution.

—A jury in a Brooklyn court recently awarded fifteen hundred dollars damages against a landlord for renting a house which he knew to be infected with small pox, and did not inform his tenant of the fact.

—Dr. Burdon-Sanderson, in making some experiments on the electric phenomena which accompany the contraction of the leaves of a sensitive plant, found the currents produced are subject in all respects to the same laws as those of muscles and nerves.

—A Norristown doctor recently asked an old lady patient if she experienced any relief during the night. She said she did. First the relief was in one shoulder and then the other, and then 'peared to settle in her back, but she put a mustard plaster between her shoulders, and the relief left her, and now she feels better.

—The Rev. J. M. Drake and wife, of Lima, Ohio, have just died from poisoning. They were preparing to paper a room in their house, and in tearing down the old paper, which was of a deep green color, dust was created, which was inhaled by them, and they were poisoned by it. They died within a short time of each other, and were buried on the same day.

MARRIAGES.

HENDERSON—POTTER.—On Wednesday evening, Dec. 17th, 1873, at the Eleventh Baptist Church, by Rev. W. Ward Willis, Alfred H. Henderson, of New Brunswick, Canada, and Lillie M., daughter of H. S. Potter, M. D., of Philadelphia.

SCHURIG — SCHENCK.—In Dresden, Saxony, on Thursday, Nov. 27, Edmund Schurig, M. D., of Dresden, and Frances N. Cammann, daughter of William I. Schenck, of this city.

TAYLOR—HERBERT.—On the 17th ult., by the Rev. R. Taylor, D. D., Addison Williams Taylor, M. D., and Emma Louisa Herbert, all of Beverly, N. J.

DEATHS.

BACON.—In Lake City, Fla., on the 12th ult., in the 72d year of his age, Dr. Henry Bacon, formerly of Philadelphia.

DONE.—At Yokohama, Japan, Nov. 2, Bayly Done, M. D., in the 28th year of his age.

FREEMAN.—On the 27th ult., Mrs. Catharine L. Freeman, widow of the late Dr. Aaron M. Freeman, in the 73d year of her age.

HONEYMAN.—On Friday, Jan. 2, at New Germantown, N. J., John Honeyman, M. D., in the 76th year of his age.

NEWBOLD.—On Monday, the 29th ult., in this city, Thomas Newbold, M. D.

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Original Department.

Communications.

SOME PRACTICAL HINTS FOR THE TREATMENT, AND FOR THE PREVENTION OF UTERINE DISORDERS.

BY WILLIAM GOODELL, M. D.

Physician in Charge of the Preston Retreat; Clinical Lecturer on the Diseases of Women and Children, in the University of Pennsylvania, etc.

(*Continued from No.* 881.)

Prolapse of the Womb.—For a clear understanding of this lesion, and for its better treatment, it should be divided into three distinct varieties: (*a*) prolapse of the womb proper, viz., a descent of the womb as a whole; (*b*) prolapse of the cervix from growth (hypertrophic elongation) of its vaginal portion; (*c*) prolapse of the cervix from elongation (by traction) of its supra-vaginal portion. In the first variety there is a descent of the whole womb, together with its furniture of ovaries and ligaments; and but little, if any, increase in the length of the uterine cavity. In the other two there commonly is, although unessential, a more or less sinking down of the fundus, either from the newly acquired weight of the cervix, or from traction upon the cervix, and there always is a marked increase in the length of the uterine cavity.

The degree of displacement in the first variety, being proportionate both to the weight of the prolapsing body and to the relative relaxation of its supports, the womb will be found either more or less low down in the vagina, as in incomplete prolapse, or else wholly extruded from the vulva, as in complete prolapse. The terms *complete prolapse* and *incomplete prolapse* are, to my thinking, preferable to those of *prolapsus uteri* and *procidentia uteri*, because no two writers agree as to the meaning of the latter terms; for by some they are used interchangeably, as if they were synonyms, and by others in a contradictory sense. An incomplete prolapse is a common accompaniment of retroversions and retroflexions; in fact, the latter are but transitional stages of descent modified by the firmness of the vesico-uterine attachments which sling the womb from its middle. The complete prolapse can be readily discriminated from the other two varieties, by noting the inversion of the vagina, and the distinctness with which the whole of the projecting pyriform tumor can be outlined by the grasp of the fingers. The uterine cavity will not be found unduly lengthened out, and the tip of the sound can be felt in the mass outside of the vulva. To clinch the diagnosis a rectal examination will show that the womb and vagina have vacated the pelvis. Although not so frequently met with as the third variety, *prolapse of the cervix from elongation of its supra-vaginal portion*, yet it will occasionally be found in old women, whose vaginas have become lax and wrinkled through the absorption of the fat-packing of the pelvis, or whose spines have lost that important double curve. In younger women, sub-involution, or such congestions as increase the thickness of the uterine walls in every direction, long-continued vomiting, tight-lacing, the wearing of skirts unsupported from the shoulders, lacerations of the perineum, and last, not least, the pro-

longed use of the obstetric binder, are the usual factors in the production of this kind of displacement.

In the treatment of this variety of prolapse, whether complete or incomplete, the same kinds of pessaries are to be used as are mentioned under the heading of retroversions and retroflexions. In some cases Cutter's or Spooner's pessary answers best. In very rebellious cases the proprietary cup-and-stem pessaries will sometimes, although very rarely, be found useful in propping up the womb. In addition to its replacement, the womb, when congested, must be treated by local depletion, by the hot douche, by vaginal injections of solutions of common salt, of the chlorate of potassa or of the astringents, and by the topical remedies previously described. The patient must be enjoined to keep the contents of the bowels soluble, to avoid the lifting of heavy weights, and to wear loose clothing supported from the shoulders. To maintain the erect carriage, and to restore the sigmoid curve to the spine, a suitable brace will be found an excellent adjuvant to the above treatment. Of course, the perineum, when torn, must be restored. This operation will of itself temporarily prevent the extrusion of the womb; but it can give permanent relief only when it furnishes to the pessary a firm base of support. For, by this time, the uterine supports have become very much relaxed or stretched; and the uterus itself, from friction and from exposure to the air, has acquired some degree of hypertrophy, in its totality, however—fundus, corpus, and cervix—and not in one portion to the exclusion of the other.

In the second variety of prolapse, viz., *prolapse of the cervix from growth of its vaginal portion*, an entirely different condition obtains. As its name indicates, through nutritive activity the vaginal portion of the cervix becomes larger and longer than natural. Although its increased weight drags down the womb somewhat, yet this is so unessential a sequence that this affection has, by Virchow, been termed "prolapse of the womb without locomotion of its fundus." A very marked degree of growth is uncommon. Whenever the vaginal portion of the cervix is so long as to protrude from the vulva, it is, as a rule, either a congenital condition, or an exaggeration of a congenital condition, and is therefore found in nulliparæ. One of its modifications, the conical cervix, is interesting from its bearing upon dysmenorrhœa and sterility. In child-bearing women, through cervical metritis excited by the contusions of repeated labors, the vaginal portion takes on a hypertrophy, but this is less an elongation than a general increase in every direction. There is yet another form of hypertrophic elongation which involves one lip of the os, usually the anterior. From its resemblance to the snout of the tapir it has gained the name of *tapiroid*. All these acquired forms of hypertrophy are usually traceable to the injuries sustained in labor or to defective involution.

By consulting the diagram (Fig. 13) it

FIG. 13.

will be seen that the diagnosis of this affection is not difficult. Its character is sufficiently marked by the unnatural length of the uterine cavity, by the absence of vaginal inversion and of vesical prolapse, and by the presence in the vagina of a cone-shaped tumor evidently prolonged out of the cervix, and bearing at or near its extremity the os externum. This form of prolapse needs no treatment unless the growth of the cervix is excessive, or unless it interferes with the comfort or the fecundity of the woman. Whenever the cervix is unduly voluminous it may be amputated, and that by the scissors, the écraseur, or the galvano-cautery. The merely conical cervix, however, rarely needs shortening. Slow dilatation by

sponge-tents just before the catamenial flux, or preferably, rapid expansion by the dilator just after, will usually be followed by conception, and parturition then completes the cure.

The third variety of prolapse, *prolapse of the cervix from elongation (by traction) of its supra-vaginal portion*, is entirely distinct from the other two, and is, perhaps, the most commonly met with. Essentially it is a hernia of the bladder and of the vagina acting mechanically upon a tensile womb. In other words, the initial event is a prolapse of the conjoined bladder and vagina, which, by traction on the cervix of a congested or of a subinvoluted womb, draws out the then ductile supra-vaginal portion, viz., that portion of the neck and body which lies between the uterine ligaments above, and the vesico-vaginal attachments below. The lower portion of the corpus participates in this elongation, because its muscles are less strongly developed than those of the upper portion. But the elongation is greatest at and just above the internal os, because, from the absence of muscular structure at this point, the resistance there is least. By impeding the circulation of the vaginal portion, this traction begets an eversion of the os and a circular hypertrophy of its lips.

FIG. 14.

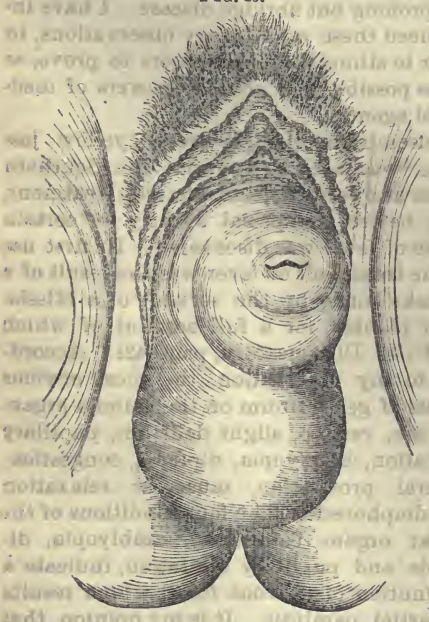
By examining figure 14, it will readily be seen that the term *prolapse of the womb*, as applied to this kind of elongation, is a misnomer; because, although the cervix protrudes from the vulva, it does so more through elongation than from displacement. There is a descent of the cervix, a prolapse of the cervix, if you please, without necessarily any sinking down whatever of the fundus.

Protruding from the vulva there will be found a large boggy tumor, looking very like the snout of a pig or the penis of a horse. In shape like a truncated cone, its apex will be occupied evidently by the vaginal portion of the cervix, which is clubbed, hypertrophied, but not much elongated. The opening at the apex is usually funnel-shaped through the eversion of the lips of the os, and the cervical canal thus lies exposed to view for some distance up; so that the internal os becomes almost an external one. Upon grasping the tumor it will be found that only a portion of the womb is outside of the vulva, and that the apex, which corresponds to the vaginal portion, is soft and spongy; while, running through the base of the tumor, as far up as it can be reached, may, on firm pressure, be felt the wire-drawn supra-vaginal portion of the cervix as a hard stem or cord, not thicker than the little finger. Very commonly, from exposure to the air, from friction, and from the contact of the urine, which can no longer be projected in a stream, the tumor is the seat of two or more true ulcers, always excavated, sometimes covered by a croupy exudation, and usually liable to bleed. The fundus may, or may not, descend very materially; and upon this circumstance depends the kind of treatment. The sound, by a little coaxing and by raising its handle, will, in the great majority of cases, pass in to a distance of not less than five inches. When the protruding mass is pushed back into the vagina, the sound always gives a much shorter measurement. This behavior is worthy of note, because it is one of the proofs that the supra-vaginal portion of the cervix is lengthened out by traction; and that, when relieved of the weight of the bladder and vagina, it shrinks back like an overstretched rubber band.

On sounding the bladder it will be found so greatly prolapsed as to form a large portion of the hernial mass, for the tip of the sound will be felt outside of the vulva, very near to the apex of the tumor. The vagina is turned completely inside out, forming a hernial sac which contains (see fig. 14) the supra-vaginal portion of the cervix uteri, a very large pouch of the bladder, the vesico-

uterine and the recto-uterine peritoneal folds, and occasionally a small pouch of the rectum. In exceptional cases the whole womb will, in a state of retroflexion, finally overcome the resistance of its ligaments, and get entirely outside of the vulva and wholly in the vaginal sac. The weight and size of the tumor will then make the woman straddle widely as she walks, and cause her to lead a very miserable life. The appearance of the tumor under such circumstances is so peculiar as to be hardly mistakable. It is very faithfully represented by figure 15, which I have copied from an admirable paper by Dr. Isaac E. Taylor.*

FIG. 15.



The bulge of the retroflexed fundus makes the posterior wall of the vaginal sac hang down below the snout-shaped cervix, like a dewlap.

In this third variety of prolapse pessaries are usually of no avail whatever. They cannot keep up the prolapsed cervix without bending almost double its elongated and stem-like portion, and the pain is, therefore, liable to be unbearable. Even a perineal pad is generally insupportable. Rest in bed for a few weeks, by taking off the weight of the prolapsed bladder and vagina, will cause the overstretched cervix to shrink back very materially; and a suitable pessary, such as Hodge's, Cutter's, Spooner's, or a cup-and-stem pessary with an external base of support, might then be adjusted, which would, perhaps, keep the prolapsing organs in their proper position. But at best, the womb is too ductile, the vagina and perineum too relaxed, even when contracted by appropriate operations, to render this treatment other than tedious and unsatisfactory. The desideratum here is something that can furnish a support to the unstable pelvic organs, and, at the same time, consolidate the ductile womb by giving a fillip to the now dormant process of involution. Whenever, therefore, the fundus uteri has barely sagged down, that is to say, the uterine ligaments have been strong enough to resist the traction, a radical cure is attainable by the ablation of the vaginal portion of the cervix, and this should be done either by the wire-écraseur, or by the galvano-caustic loop. The long continued suppuration from the open wound sets up such nutritive changes as permanently contract and consolidate the elongated portion of the cervix, and cause it, by virtue of the uterine stays, to sustain *in situ* the bladder and vagina. Before amputating the cervix, for fear of injury to the bladder, its lower boundary line must be accurately defined. This can be done by the sound, or better still by stretching open the urethra with the dilator, and then introducing the little finger into the bladder. The chief danger attaching to this operation is the risk of invading the abdominal cavity by accidentally removing, along with the cervix, a piece of the recto-uterine pouch; for unfortunately there are no diagnostic marks for ascertaining the depth of this fold of the peritoneum. When the fundus is low down, or is wholly extruded, as shown in figure 15, then, in addition to the ablation of the vaginal portion of the cervix, must the vulvo-vaginal opening be contracted. This is done by paring from the labia and the vagina a horse-shoe strip of *mucous* membrane, about an inch wide and extending to points a little below the level of the meatus urethræ; and by bringing together the raw surfaces by wire sutures, just as in the secondary operation for lacerations of the perineum. By combining these two operations I have succeeded in finally curing cases which every other method had failed even to relieve.

[*To be Continued.*]

*On Amputation of the Cervix Uteri; Bellevue and Charity Hospital Reports, 1869.

THE THERAPEUTICS OF GELSEMINUM.

BY W. C. HULL, M. D.,
Of Monroeton, Pa.

When we proceed to investigate the therapeutic powers of a new agent, there are two general heads under which our studies should be conducted.

1st. Prove its effects on a healthy organism.

2d. After having determined its physiological action, proceed upon general principles to elicit its remedial powers. A knowledge of drug action on the healthy organism enables us to form some idea of its adaptability to morbid states; but it may still have occult curative powers, which can be discovered only by empirical tests. The action of the sulphate of quinia in health affords no indication of its specific power over ague; but the sleep and insensibility produced by opium present sufficient evidence of its ability to relieve insomnia and pain. There are numerous sources of error, which are apt to mislead us in the study of practical medicine. The "vis medicatrix naturæ" must not be lost sight of by the attentive and candid investigator. Perhaps there is no mistake more frequently made by physicians, than the one of attributing cures to remedial action which are really due to natural effort. In the larger proportion of cases we are called to treat the natural tendency is to health, for within certain limits the human organism embraces within itself the elements of recuperation.

The question arises, how can we, in a given case of recovery under treatment, determine the relative amounts of recuperative and remedial power? The fact is we can never isolate the two forces; recuperative power is the germ of all cures; hygiene and medicine do no more than to develop this conservative principle of life into more potent energy. In some cases of disease life would undoubtedly be sacrificed without appropriate treatment, but instances of this kind are far less numerous than was formerly supposed. The expectant plan of treatment, which has been thoroughly tested during the last few years, has established the fact that the sick recover without treatment in a large proportion of curable diseases. The *actual* curative power of medicinal agents can only be determined by their repeated use in the same disease, and then comparing the general result with the expectant plan of treatment in a like number of cases. So far as attainable, this comparative method gives us the absolute value of remedies, which is the very thing we ought to know, in order to avoid drugging our patients to no purpose, or to their irreparable injury.

It has been frequently demonstrated by the absolute test, that some popular modes of treatment *prolong* instead of cutting short the progress of disease; hence, I insist upon the importance of comparing medicinal with expectant treatment. Relative medicinal tests are valuable, when it has been proved that the agents compared do not prolong but abridge disease. I have introduced these preliminary observations, in order to stimulate investigators to prove, so far as possible, the *absolute* powers of medicinal agents.

Gelseminum Sempervirens, yellow jasmine, was used throughout the Southern States as a vermifuge, in domestic treatment, long before its special affinity for certain forms of fever was discovered. Its first use in the treatment of fever was the result of a mistake made by the servant of a Mississippi planter, for a full account of which see U. S. Dispensatory, page 421. According to my observation, the most obvious effects of gelseminum on the human organism are, vertigo, slight delirium, pupillary dilatation, amblyopia, diplopia, congestion, general prostration, muscular relaxation and diaphoresis. The four conditions of the ocular organs, congestion, amblyopia, diplopia and pupillary dilatation, indicate a diminution of nervous force, which results in partial paralysis. It is my opinion, that in order of sequence, the congestion (a result of vasomotor enervation) occurs first, and the three other conditions supervene in consequence of obstructed capillary circulation. There is not evidence sufficient to prove that gelseminum acts *directly* on the cerebral ganglia. Physiology has established the fact that the circulation of the blood through the capillary vessels is effected to a considerable extent by the natural tonicity of their coats. This tonicity of the capillary coats is dependent upon the vasomotor fibres of the great sympathetic; so whatever impairs the function of this nerve must produce capillary congestion. Gelseminum acts directly on the great sympathetic, diminishing the amount of nerv-

ous force transmitted through the vasomotor system of nerves to the capillary vessels, impairing their tonicity and producing congestion.

The secondary effects are such as we might expect from an interrupted circulation, viz., general prostration, muscular relaxation with debility, and a feeble, slower action of the heart. It is asserted by some writers that gelseminum is an arterial sedative, but this is an obvious error. Veratrum viride is a good example of a *true* arterial sedative; it acts directly on the heart, diminishing the frequency and force of its action. Gelseminum acts directly on the capillary vessels, impairing their tonicity, and obstructing the flow of blood through them. Veratrum viride acts upon the *central*, while gelseminum acts upon the *peripheral* portion of the vascular circle.

Although both agents, *in a different order*, restrain the action of the heart, their range of application to the treatment of disease is widely different. Veratrum is adapted to the treatment of congestive and inflammatory diseases, for by *directly* restraining the heart's action, less blood is forced into the weakened and distended capillaries, and resolution is facilitated. Gelseminum is not indicated in the treatment of those conditions, as it *indirectly* restrains the heart's action by first producing general capillary congestion, a morbid state which *always* aggravates existing local lesions. Its use in congestive diseases would be similar to the act of throwing benzine into a fire, with the expectation of putting it out. The peculiar action of gelseminum on the nervous system affords no indication of its specific curative powers, in certain fevers. Its occult virtues were first discovered by accident, and subsequently more fully developed by empirical tests. Since my location in Monroeton, less than three years ago, I and my late partner, Dr. D. N. Newton, have used gelseminum in at least one thousand cases of the diseases incident to this section. The general conclusion we have reached regarding it may be thus epitomized:—

1st. It is not adapted to the treatment of inflammatory and congestive diseases.

2d. It inflicts positive injury in active congestion.

3d. Its therapeutic scope does not extend much beyond certain simple forms of fever.

4th. In order to obtain its specific action in fever, it must be rapidly introduced into the system, until its characteristic effects are produced upon the organ of vision.

5th. It can be given in full doses, with entire safety, in those cases to which it is adapted.

I will not attempt to enumerate the various forms of disease in which gelseminum has either failed to evince any curative action, or has proved to be inferior to other remedies, but content myself with naming the affections which, in my hands at least, it has certainly benefited. In bilious, catarrhal, and the gastric fevers of childhood, it is nearly a specific. In typho-malarial fever, when there is a marked predominance of the *malarial* character, it often aborts it. I usually give five drops of the fluid extract every two hours, until six doses are taken, then extend the interval to four, six, or eight hours, according to the effect. Usually at some period within twenty hours, the patient begins to complain of vertigo, double vision, impaired sight, muscular weakness and languor; a little later, a copious sweat comes on, and the fever, if *simple* and free from *local lesions*, is broken and returns no more.

THE USE OF OPIUM IN OBSTETRICS.

BY HIRAM CORSON, M. D.,
Of Conshohocken, Pa.

My article, "On Opium in Labor and as a Preventive of Abortion," published in the REPORTER of May 31st, has called forth several very valuable papers. The first from Prof. Harvey L. Byrd, of Baltimore, in the number July 19th, is an exceedingly clear exposition of the action of opium, chloroform and anæsthetics in general in labor, followed by some proper advice respecting their administration. This was followed, in the number for July 26th, by an article entitled, "Ergot in Threatened Abortion," by Dr. S. B. Flowers, of North Carolina, who in response to my query: "Would we ply a woman with ergot when pregnant or threatened with abortion?" says, "I would," and narrates three cases, most decided cases of uterine hemorrhage and threatened abortion, in which he used fluid ext. ergot in large doses, with the effect to arrest the hemorrhage and enable the woman to go on to full term. In conclusion he asserts his confidence in ergot as a valuable remedy to prevent abortion. This was

followed, in the number for August 2d, by an essay: "Ergot in Abortion," by Dr. J. W. Saunders, of Clinton, La., in which, after quoting my inquiry, he says: "I claim and can establish, by at least fifty cases, that when threatened abortion is evidenced by pain and hemorrhage, ergot in full doses is the safest and most certain remedy known to the profession, not for checking the hemorrhage and expelling the contents of the uterus, but to check hemorrhage and retain the fœtus *in situ*, with safety to both mother and child." This is a strong assertion, and if the experience of others should confirm the testimony here given, ergot will hereafter hold a new place in the Materia Medica, and we be forced to acknowledge that we have heretofore ascribed to it powers it did not possess. Dr. Saunders not only speaks thus confidently of the safety of ergot, but tells us the cause of abortion and the modes by which ergot acts. He says: "The prolific cause of abortion is a relaxed atonic condition of the muscular walls of the uterus, and that ergot, by its special action upon that organ, restores tone, brings it back to a normal condition, and thereby stops hemorrhage and prevents abortion." I hail with real pleasure the testimony of those two physicians. It is positive. They have done, one through fourteen years, and the other during eight years, in numerous cases, what I in common with the whole profession have been afraid to do; namely, to give ergot in cases of uterine hemorrhage where abortion was threatened, and where we wished to save the child, and they have always succeeded. I have anxiously looked for still more testimony in this matter, and have not looked in vain. In the REPORTER for October 4th, there is a communication from Dr. W. S. Battles, of Shreve, Ohio, entitled "Is Ergot an Oxytocic," in which he says: "In women of relaxed habits threatened with abortion, especially when hemorrhage is present, I administer with the utmost confidence the ergot of rye, and have not now, nor do I ever expect, to report any unfavorable results." He thinks, "the chief difficulty leading to accident in abortive women is asthenia," and "if by the use of ergot *we raise the status of the nerve force* near to the natural standard, we would maintain and continue the gestation. While if precisely the same thing was done at the time of parturition the condition produced by the same article would manifest its action, perhaps, in the speedy expulsion of the child. Being in the one case the means of preserving the life of the child, and in the other the means of the speedy delivery of the mother." I cannot give all he has said, but I think I have fairly expressed his views. Here, then, we have three experienced physicians, who positively assert that in cases of threatened abortion, ergot, which we have all been afraid to use because of its well known power to cause expulsive contraction of the womb, is the very best and safest remedy. I have no theory to advocate here. I would indeed be gratified to know that we have in ergot the valuable remedy spoken of; but allow me to call attention to the fact that both Drs. Saunders and Battles endow ergot with the power, prior to the ninth month of gestation, to quiet muscular contraction, relieve pain, and retain the fœtus, and at the ninth month to produce contraction of the muscles of the womb, cause pain and expel the child. If the most striking power of ergot is to produce expulsive contraction of the elongated muscles of the womb, surely the profession acted with commendable caution in avoiding its use in an impregnated uterus; and we will have to be convinced by actual experience with it that it has no such power, before conscientious men will feel free to use it where abortion is threatened. Let us suppose a woman to be in her fifth month; she finds herself having an uneasy bearing down sensation, accompanied by pain at each contraction of the womb. She is very desirous not to miscarry, and calls the physician. He finds that as yet there is no hemorrhage, but he says to her, "unless you can allay the contraction and thus quiet the pain, you will soon have hemorrhage, for as the muscles of the womb contract, they separate the placenta partly from the womb, and thus bleeding takes place; you must lie down, take opium to stop the contraction, and then no hemorrhage will be likely to take place." Hundreds of times I have done this with success. But they will say ergot is a narcotic, and it will allay the pain by virtue of that power. Or, in the case supposed, as excitants of the nerves of organic life, they could use either opium, ergot, quinine or alcohol with success in the case.

Professor Tully, of New Haven, one of the closest observers of the effects of medicines the profession has ever known, believed

ergot to act by its narcotic power on the uterus, to *produce* powerful contractions of its expulsive muscles, and not, as the writers quoted believe, to prevent their contraction. At page 1348 of his *Materia Medica*, in his "Proem to the class Ecbolica," he says: "Claviceps purpurea (ergot of wheat, rye, etc.) is believed to have the power of acting directly upon the muscular fibres of the uterus, producing contractions when they were not previously occurring, and increasing them where they previously existed." On page 1350, he says: "When I have known this article given freely as a narcotic, and in women not gravid, they have usually complained much of what they denominated 'cramps' in the region of the uterus, which other physicians pronounced unequivocal spasms. Of this I am not quite so well satisfied as they appeared to be. But what were they, if not spasms? I should myself be inclined to consider them as spasms if I could believe the unimpregnated and contracted uterus as capable of being affected with spasms. In an impregnated uterus, one that had been gravid for a few months, I doubt not that the effect of claviceps would have been uterine contractions, whether spastic or not, will soon appear.

Professor George B. Wood and other writers on Materia Medica speak of its power to produce contractions of the uterine muscles *at every period of gestation*. And although during the last few years ergot has come into use in hemorrhages of various organs, under the belief that it causes a contraction of the diameters of the blood vessels, yet it has seldom been used in uterine hemorrhage, except in post partum hemorrhage, or where it was no longer desirable to attempt to save the child, because of its well known power to cause uterine contraction at every period of pregnancy. This belief that the primary and specific action of ergot is to produce contraction of the uterine expulsive muscles is the almost universal opinion. And in the whole range of the Materia Medica there is not a single other medicine that has scarcely the least claim to a similar operation. Where is the obstetrician or the eminent surgeon who, when he wishes to cause uterine contraction, would select any other article but this? Even the cherished whiskey would not be called for. That it has this action, and that it is not similar to the effect produced on the womb by opium, or quinine, allow me to present some facts. Many years ago I was invited by Dr. Washington Atlee to witness his efforts to remove an intra-mural tumor of the womb. In that case, after incising the inner wall, over the tumor, he relied on the expulsive property of ergot to force the tumor from its bed into the vagina. He gave ergot every hour during the whole day, with the effect to produce strong bearing down pains and efforts to expel, during all the time of its administration. Before bedtime he ceased to give it, and gave a full dose of opium, which soon made the patient comfortable until morning, when the ergot was again resumed; and so he went on day after day, until the tumor was forced away.

Dr. Atlee holds the opinion that ergot exerts this power to produce contraction, expulsive contraction, of the muscles of the uterus at every period of gestation, as may be seen by reference to his Prize Essay, published in the "Transactions of the American Medical Association" for 1853. At the end of that essay he remarks: "This case, as well as others, illustrate that ergot will induce contraction of the uterine fibre *ab origine*, not requiring, as is supposed, to be preceded by parturient efforts. It would seem that one condition necessary to the specific action of ergot is an elongation or greater development of the muscular fibre from any cause. This condition may be either partial or general, and its cause may be located either in the parenchyma of the muscular wall, or in the cavity of the uterus. Under either of those circumstances, the tendency of the action of ergot is to restore the elongated fibre to its original normal condition. Ergot, therefore, becomes a powerful agent in the treatment of fibrous tumors of the uterus. In intra-mural tumors, or those entirely encased, I make an artificial os tincæ with the bistoury; the expanded fibres, stimulated by ergot, contract, and the tumor is expelled, on the same principle that a polypus or an ovum is expelled by the uterus." Although this was written by Dr. Atlee twenty years ago, he endorses every word of it to-day. Within a month, Prof. T. G. Thomas, of New York, while lecturing to his class on the diseases of women, gave utterance to precisely the same sentiment in relation to the power of ergot over the muscles of the womb. Professor Geo. B. Wood says: "It is, perhaps, the only medicine which specifically promotes contraction of the uterus," and adds, "it

has been in use for that purpose since 1807."

But why bring forth individual testimony? Is it not the belief of every obstetrician in the whole country, and even of the gentlemen who use it to prevent abortion? Now, is it possible that this substance, which in the hands of Dr. Atlee never fails to produce contraction of the expulsive muscles of the womb at his bidding, whether in pregnancy or in uterine tumor, and by means of which he has forced from their beds scores of uterine tumors, should forget its cunning when given to arrest hemorrhage from the womb, and should compel its muscles to remain quiet while it seals up the mouths of bleeding vessels by contracting their diameters? Who that has seen the slight pains and weak contractions of the womb, in a case of labor or abortion, assume, in a few minutes, under the action of a dose of ergot, a violence which almost frightened him, can believe that the pregnant woman may take this agent with no fear of ill consequences, or that, when given in the early stage of abortion, it will have a reverse action from that which it exerts to bring away the ovum when all hope of saving it is lost? For more than forty-five years it has been to me a faithful servant; promptly at my bidding compelling the expulsive muscles of the womb to put forth all their power to empty the organ of its contents. Have we all been mistaken? Have Atlee, and Wood, and Thomas, and Tully only fancied that it had an effect such as they desired? Would quinine, opium and alcohol have done as well? Dr. Battles, in REPORTER of Oct. 4, page 239, appears to think ergot, quinine, opium and alcohol all act in the same manner, and it is immaterial which is used. He says: "We find a patient where all the manifestations of labor are present, but the process goes on slowly, or ceases altogether; we administer an ounce or two of *alcohol*, and very soon action is aroused, the labor speedily terminates, and it would have done so, precisely, under the influence of ergot, quinine or opium, or any other medicine that has the property of an excitant of the latent energies of the nerves of organic life."

Having thus presented both sides of this question, I am free to say that, although ergot has, during my long practice, *seemed* to have the power ascribed to it, yet, knowing how easy it is to be deceived, and to attribute to remedies effects due only to nature, I shall await with deep interest the results of whatever experiments or trials may hereafter be made to ascertain whether it really has power to act on the muscles of the unimpregnated or recently impregnated womb. Many have doubted such action, even in the face of the reliance of Dr. Atlee and other surgeons upon it. Since reading the essays of Flowers, Saunders and Battles, I brought the subject before our County Society. Several of the members reported cases in which, believing that miscarriage would certainly occur, they concluded to give ergot and bring the ovum away, when lo! instead of the expected result, the hemorrhage ceased and the ovum was retained. But, though the fact was before them, it taught them nothing. They supposed that the medicine had failed to produce its wonted effect, and they were glad of it. I, too, have occasionally seen it quite impotent in cases where I desired to remove an ovum, but I learned nothing from it. During my practice I have known women to drink bowlsfull of a strong decoction of secale cornutum to cause abortion before quickening—supposing that before that time the child had no life, and, therefore, "it was not harmful to bring on the courses"—without any effect, and yet I was blind in the presence of the lesson. I supposed the medicine was not good, or just in that case happened not to act properly. When we recollect the powers that were ascribed, during a century, to calomel, and that now there are none to do it reverence, we should be open to conviction in other cases. The testimony of the three gentlemen spoken of is so conclusive, as to the safety and value of the medicine, that it seems to me it should stand up against the experience of half a century, when, during that half century, we had been afraid to try it in like cases. I regret that they have attempted to show identity of action in opium, quinine, alcohol and ergot.

ABSCESS WITHIN THE CAVITY OF THE THORAX, CAUSED BY GUNSHOT WOUND.

BY W. L. APPLEY, M. D.,
Of Cochecton, N. Y.

Mr. T. R., aged about 30 years, a farmer and lumberman, on the 14th of April, 1872, while cleaning a revolver, accidentally discharged it at his breast, the ball entering the left side, about two inches below the

nipple, taking an upward and outward direction, passing between the ribs and obliquely through the muscle, without the pericardium, into the substance of the lung, where possibly it became imbedded and still remains; blood and air escaped from the wound. He was attended by three or four physicians up to September 25th, 1872. At this time I was called to see the patient, in consultation with Dr. Sturdevant, of Deposit, N. Y., one of the attending physicians, who informed me that the immediate result of the wound was traumatic pneumonia, followed in a few days by a profuse bloody, serous discharge from the wound, cough, with bloody expectoration. A few days later the discharge from the wound became purulent and was profuse. His physicians apprehended a fatal result. We found him prostrated and emaciated, with cough and expectoration; the suppuration from the wound was profuse. Our opinion was that the opening or wound did not communicate freely with the cavity of the chest. We considered it indispensable for his recovery that the pus should be freely evacuated.

The patient living fifty miles or more from me, I did not see him again until the eleventh of October. We then enlarged the opening and introduced a No. 12 flexible catheter, which dipped downward and backward some four to six inches, and with an eight ounce metal syringe attached to the gum catheter by rubber tubing. We were careful to have the piston well fitted, and the rubber tube well adapted to the catheter at one end, and to the pipe of the syringe at the other end, the whole to act as a suction-pump, which it did to our satisfaction. We could not believe that the complicated and expensive aspirator could have done any better in this case. We endeavored to obtain, and think we did, a complete evacuation of the contents of the cavity of the abscess. We removed about eight ounces of pus, and then injected warm water and pumped it out again. We kept up the treatment for a week, Dr. S—— applying our pump and emptying the abscess every morning, and washing it out with warm water. At the end of the week the discharge had entirely ceased, and the wound closed. He rapidly gained in strength and weight; his cough ceased. The first fifteen days after the wound ceased to discharge he gained fifteen pounds, a pound per day. He worked in the lumber woods, driving team, last winter; worked at farming last summer, and is again working in the lumber woods this winter. Our patient had profuse and exhausting suppuration, with cough, debility, hectic, and all the symptoms of phthisis. The treatment employed produced a satisfactory recovery without the case exhibiting any complications. He has since suffered no pain or inconvenience by which the location of the ball could be exactly indicated. His recovery is perfect; and is it too much to claim that the evacuation of the pus from the cavity of the thorax saved the life of our patient?

Mr. Gurthrie, in his military surgery, in the treatment of wounds of the thorax made by small balls, says: "In cases in which the external opening or wound does not communicate freely with the cavity of the chest, the principal danger arises from the inflammation of the pleura, ending in effusion, which if not evacuated leads to the loss of the individual."

Hospital Reports.

LONG ISLAND COLLEGE HOSPITAL.

SESSION 1873–'74.

Clinic of Prof. A. J. C. Skene, M. D.—Diseases of Women.

(REPORTED BY GEO. W. CUSHING.)

Procidentia Uteri—Operation of Elytrorrhaphy.

History.—Bridget H., æt. 52 years, married eighteen years, and the mother of three children. The change of life occurred five years ago, the function of menstruation having been regular in all respects up to that period. For the last six years she has had dragging sensations within the pelvis. The trouble causing these feelings gradually increased and interfered with the functions of the bladder and rectum. Two years ago she appeared at the out-door clinic for treatment, and an examination at that time revealed the uterus prolapsed in the first degree. She neglected to attend as ordered, and was lost sight of until this time.

Present Condition.—There has been a general aggravation in her symptoms. She now has constant pelvic tenesmus, profuse leucorrhœal discharge, appetite poor, bowels constipated, micturition frequent and painful. The prolapsus has no doubt progressed, as the patient states that "something comes down outside."

Examination.—On bringing the external parts into view, we find projecting through the vulva a large tumor, which, on more careful examination, proves to be the uterus in a condition of complete prolapsus. The cervix and surrounding tissues are very

much congested, and the os denuded of its epithelium and very patulous, owing to the tension of the vaginal walls. The passage of the sound shows tenderness of the uterine cavity, which is increased in size to three inches. The mucus membrane lining the vaginal walls exhibits a marked change from the normal appearance, the constant exposure to the air and friction with the surrounding parts giving it the look of true skin. The perineum is ruptured in the first degree, and the remaining portion has lost its contractile power. The vaginal walls are very much distended and the uterine ligaments are elongated by the action of the prolapsed uterus.

Comments.—The history of this case shows that the trouble is of long standing, and that it progressed very slowly for a time, but has increased more rapidly within the last few years. This is exactly the history of many cases of prolapsus, when it occurs in patients somewhat advanced in years. The pathology in this case illustrates a very large class of cases of displacements of the uterus, in which there is anatomical and functional imperfection of the perineum, a slight rupture of the perineum first permitting the vaginal walls to wedge down into the introitus vulvæ, and thereby distend the parts, until they lose all their tonicity, and become unfit to give any sufficient support to the pelvic organs.

Treatment.—Two indications are evident in this case. First, to replace the dislocated organ. Second, to retain it in place. This we accomplish by surgical means. The reposition of the uterus can be accomplished without much difficulty in this case. By making gentle and persistent taxis, I carry the organ through the vulva and upwards in the direction of the pelvic axis. If the hand is withdrawn, however, the want of support from the ligaments, perineum and vaginal walls is at once evident, by the uterus settling down again. I shall endeavor to compensate for this by removing a portion of the anterior vaginal wall, and thus diminish the size of the vagina, and at the same time produce a line of cicatricial tissue, as an additional support. To accomplish this, I shall use Nœggerath's clamp. The operation consists in drawing down a fold of the anterior wall between the blades of the clamp, taking care not to embrace the wall of the bladder; at the same time, to avoid this accident, I pass a catheter into the bladder, and observe that the surface is perfectly smooth and not included by the tissues embraced by the clamp. Silver sutures are now passed through the holes in the instrument, and the portion anterior cut off with the scissors. The clamp is now removed and the sutures brought together and twisted, thus bringing the divided surfaces together. The hemorrhage is slight, being prevented by the compression of the vessels. The patient will be kept in bed for about ten days, and the urine carefully drawn by the catheter. The sutures will then be removed, and the parts will in all probability be united. The operation is not a painful one, and does not necessitate anæsthetizing the patient. If the perineum does not regain its tonicity so as to do its part in sustaining the pelvic organs in place, perineorrhaphy will be performed. The operation which we have performed is one of the many which has been tried for prolapsus uteri. Dr. Martin, of St. Mary's Hospital, London, was the first to remove the elliptical piece of the anterior vaginal wall clear down to the bladder. His mode of operating, however, was difficult and dangerous. The invention of the method of operating by the clamp, for which the profession is indebted to Dr. Noeggerath, has simplified the whole matter, so that any one with ordinary surgical skill can operate. In using Dr. Noeggerath's clamp, I find much trouble in turning the screw at the distal end. To overcome this, I have had a crank attached, which can be turned by a lever. This brought the clamp more perfectly under the control of the operator. The holes in the clamp, through which the sutures are passed, rendered it necessary to remove the clamp in halves, and in doing this there was danger of pulling out the stitches. In place of these holes I had notches cut in the convex side of the clamp. This facilitates the removal of the clamp after the stitches are introduced.

Displacement of the Uterus—Retroversion.

CASE I.—*History.*—Mary H., æt. 40 years; married six years; no children and no miscarriages. Began to menstruate at sixteen years of age, and has continued to do so at regular intervals. The last twelve months the catamenial periods have been accompanied with great pain and distress. The functions of the bowels and bladder have been deranged, constipation and frequent desire to relieve the bladder being prominent symptoms.

Present Condition.—She complains of pain in the abdomen and back, headache, creeping sensations over hands and arms. Some leucorrheal discharge and troublesome pruritus vulvæ.

Examination.—On appearing before the class, an examination was made, which revealed the cervix well forward under the pubic bones, while the body of the uterus was thrown back against the sacrum. The speculum was introduced, and the sound passed into the cavity of the uterus, completing the diagnosis of retroversion. The os was denuded of its epithelium, and there was some leucorrhœa, these conditions indicating endometritis.

CASE II.—*History.*—Maggie L., æt. 43 years; married two years; one child nine months ago. Began to menstruate at the age of eighteen, and has always been regular, but the last few months the menses have been attended with pain and the flow rather scanty. Her child died two months after birth.

Present Condition.—The subjective symptoms in this case are of a very general char-

acter, consisting of anorexia, headache, wandering pains in various portions of the body. Bowels are constipated. Says she is affected with piles. Has no urinary trouble.

Examination.—Digital touch reveals the cul-de-sac of Douglass filled with a hard mass, and the cervix imparts to the finger an unnatural hardness. Introducing the speculum brings to view a hard, circumscribed, granulating sore on the anterior lip of the cervix. The sound was then carried into the cavity, which was found increased to four and one fourth inches, and the condition of the uterus in a marked state of retroversion. We also find, as stated, a hemorrhoidal condition.

Comments.—We have here two cases presenting many points in their history exactly alike. In both there is backward dislocation or retroversion, an accident which occurs most frequently after child bearing, as this last case illustrates. In both we find that common accompaniment of displacement, viz., chronic endometritis. The clinical history and the physical signs obtained by examination are well marked, and leave us in no doubt about the diagnosis.

Treatment.—In discussing the treatment of these cases, we will take both together, because what applies in one is equally suitable for the other. There are minor details which must differ in these cases, but the principal management must be the same in both. The indications are to relieve the congested and ulcerated condition of the uterus, restore the natural position of the organ, and retain it in place by mechanical means. Reducing the dislocation will help to relieve the endometritis by establishing a freer circulation of the blood in the uterus. At least one great cause of interruption to the return of the venous blood is removed by holding the uterus in its normal position. There are several modes of returning the uterus to its place, but we can only describe two of them. First, place the patient on her face and elevate her pelvis, then seize the cervix with a tenaculum and pull it backward towards the sacrum, at the same time push up the fundus uteri with a probang. I prefer, however, to use the adjuster, which I have shown you. It is simply an imitation of the human finger attached to the end of a handle and lever by which it is manipulated. The finger of the instrument is carried into the cavity of the uterus and flexed or bent forward and upward, while the distal end of the holder is carried backward. By this means the uterus is raised to its proper elevation. The point of the index finger is pressed against the cervix to hold the uterus in place, while the instrument is withdrawn. To retain the organ in place an almost endless number of instruments have been invented. For the cases under consideration, I shall employ a modification of Hodge's pessary. The exact size and shape must necessarily vary with each case. While the patients wear the pessaries the ordinary treatment for endometritis will be continued, and the general health improved by rest, diet, exercise and medicine.

Editorial Department.

Periscope.

The Prevention of Cholera.

Dr. Mac Cormac, of Dublin, has some valuable suggestions on this subject in the *British Medical Journal*. He says:—

"No disease more strikingly attests the exceeding efficacy of early treatment than does Asiatic cholera. The evidence afforded in Glasgow, to mention no other locality, is quite conclusive on this point. Persons went daily, if not twice daily, from house to house, and wherever they found any one laboring under premonitory diarrhœa, as it was termed, they instantly administered a dose of cholera mixture, and, I believe, left other doses to be used in case of any return of the diarrhœa. The result was, that in every 1400 cases of diarrhœa thus met, there was but one death; whereas, if it had been left alone, the half of those attacked probably would have perished. It would be difficult, I think, to adduce any stronger evidence of the efficacy of remedial measures zealously, timely, and effectively administered than this. Nevertheless, numbers died in Glasgow; and the ravages of cholera, since its first introduction into Europe, have been very great indeed.

Under these circumstances, it occurred to me that it would be excessively desirable, so far as it was possible, to anticipate even the premonitory diarrhœa. For, if only we can succeed in averting the disease, were it in its mildest form, we also avert the dangers and the mortality which more or less attend the developed malady. In 1854–5, some repairs going on, and a communication having been opened with the infected town, forty of the inmates of the District Asylum for the Insane, to which I was visiting physician, were assailed with Asiatic cholera, and seventeen almost immediately perished. I instantly caused to be prepared a large admixture of what might be termed sulphuric acid lemonade, in the proportion of half a drachm of the dilute acid to each dose, and, zealously aided by the resident physician and my son, had this administered daily to

every one of the four hundred inmates of the establishment. The twenty-three residuary cases of the forty who were attacked remained, of course, under treatment, and made good recoveries; but not a single other fresh case ensued, and the malady then and there, in fact, disappeared. In the event of the apprehended invasion of Asiatic cholera, and, *a fortiori*, when it had actually occurred, I would urge the administration, once or twice daily, to every adult member of the community, of half-drachm doses of dilute sulphuric acid, as the most generally available, in any convenient vehicle. Drinking water, previously filtered, should invariably be raised to the boiling-point; and while hot, flavored with a pinch of tea or coffee, a chip of cinnamon, quassia, gentian, dried orange-peel (any of them), or else a small fragment of highly toasted bread. In China and Japan, the water, before drinking, is almost invariably cooked and flavored with a little tea. I ascribe, indeed, much of the immunity enjoyed by the people of these countries from the ravages of Asiatic cholera to the prevalence of this most beneficial practice. To children, half or less of the above amount might be given. Of course, *il va sans dire*, that every reasonable sanitary precaution, such as burnt earth-closets and cooked drinking water, should in addition be taken. I have been at considerable pains to make these views generally known; and, assuming that I have established the prophylactic efficacy of dilute sulphuric acid, and my experience has not been confined to the instance which I narrate, the profession, if they will only take the matter up, have it, I believe, in their power to abate the ravages of cholera, and bring the malady effectively within human control.

Medical Electricity.

A correspondent of the Boston *Medical and Surgical Journal* has the following sensible remarks on this subject:—

When, some years since, my attention was first directed to electricity as a means of curing disease, the instruments themselves, I confess, presented a difficulty at the very outset; they were new to me, and, as a matter of consequence, not understood. I then had recourse to books, which began with abstract, half metaphysical discussion, extending far into the volume before any practical matter was approached. This mass of introductory matter I do not, by any means, mean to say was useless; I would only assert that it was too much labored and remote for a beginner, and that all the essential points are comparatively simple, and such as may be mastered without any unusual share of difficulty. Since this time many good works on the subject have been written, as those of Althaus, Reynolds, Tibbits, Hamilton, Meyer, etc., and many admirable machines constructed, as those of Remak, Fromhold, Meyer, and the Galvano-Faradic Manufacturing Co. of New York; the latter are those I now use, as being at once simple and efficacious.

While making these remarks, I am not at all to be understood as desirous of defending those itinerant and other electricians whom Rusticus so justly decries; on the contrary, such ignorant pretenders deserve no countenance, and, as in the instance of the lady with her "primary" and "secondary" who brought on hemiplegia, should be prosecuted and punished by law. All I would advance, is, that the practice of electricity is open to every physician; that the success with which he uses it will depend mainly on his knowledge of disease, and that there is no secret in this, any more than in any other department of medical science. While I would caution the public against the quack, local, itinerant, male and female, I would also remind the physician of his own ability, and encourage him to make use of electricity himself, if for no other motive than to take it out of the hands of the uneducated. It would, indeed, be a strange thing to see the country overrun with impostors who carry a "box" filled with mischief, like that of Pandora, while a medical man is obliged to look on, or send his patient to a specialist in Boston, New York, or elsewhere.

The Warmth of Clothing.

From a lecture by Dr. Von Pettenkofer, translated in the Boston *Medical and Surgical Journal*, we learn that the permeability of stuffs to air is a condition of their warmth. Of equal surfaces of the following materials, he found that they were permeated by the following relative quantities of air, the most porous, flannel, such as is used ordinarily for clothing, being taken at 100:—Flannel, 100; linen of medium fineness, 58; silk, 40; buckskin, 58; tanned leather, 1; chamois leather, 51. Hence, if the warmth of clothing depends upon the degree in which it keeps out the air from our bodies, then glove kid must be 100 times warmer than flannel, which every one knows is not the fact.

The whole question, then, is resolved into that of ventilation. If several layers of the same material be placed together, and the air be allowed to permeate through them, the ventilation through the second layer is not much less than through the first, since the meshes of the two form a system of continuous tubes of uniform diameter, and the rapidity of the movement of the air through these is affected merely by the resulting friction. Through our clothing, then, there passes a stream of air, the amount of which, as in ventilation, depends upon the size of the meshes, upon the difference of temperature between the external and internal atmosphere, and upon the velocity of the surrounding air. Our clothing, then, is required, not to prevent the admission of the air, but to regulate the same so that our nervous system shall be sensible of no movement in the air. Further, our clothes,

at the same time, regulate the temperature of the contained air, as it passes through them, so that the temperature of the air between the clothing and the surface of our body averages 29° to 30° C.

The hygroscopic property of different materials used for clothing essentially modifies their functions. This property varies with the different materials; wool, for instance, takes up more water than linen, while the latter takes up and gives off its watery contents more rapidly than the former. The more the air is displaced by water from the clothes, the less will be their power of retaining the heat; in other words, they conduct the heat more readily, and hence we are quickly chilled by wet garments.

New Theory of Diabetes.

M. Lecorché, says the *Times and Gazette*, submitted to the Academy of Medicine, of Paris, the following opinions respecting the nature of diabetes:—1. The current theories touching the pathology of diabetes refer only to certain varieties of glycosuria which have nothing to do with diabetes. They do not explain diabetic glycosuria. 2. Glycosuria, in diabetes, is only a secondary circumstance; the principal phenomenon is a tendency to disassimilation of protein substances. Diabetes may, in fact, be called azoturia. This disassimilation is the very essence of diabetes, and is characterized by the enormous quantity of urea which the patient is daily losing. 3. This protein disassimilation is the primary cause of glycosuria, which latter is simply an unimportant sequel of that cause. Protein disassimilation requires combustion, and during this combustion the oxygen leaves unattacked any glycosic substance formed in the economy; hence the existence in the urine of a quantity of sugar, which quantity increases with the amount of urea. 4. These views of the pathology of diabetes are of capital importance as regards the treatment, for they pave the way to a rational mode of treating the disease. The theories hitherto offered do not admit of such a course, as they refer only to glycosuria.

In viewing diabetes as M. Lecorché proposes (*i.e.* as azoturia, of which the glycosuria is the consequence) there is, he says, only one way of contending with the disease, namely, to endeavor, by every means in our power, to stop the loss of urea experienced by the patient. To attain this end we have only one mode of treatment at our command, the administration of cumulative remedies. Among these the principal are opium, arsenic, valerian, and perhaps bromide of potassium.

Albuminous Expectoration in Thoracentesis.

The *Doctor* says: For some months past there has been a discussion going on, especially at the Société Médicale des Hopitaux of Paris, concerning a morbid phenomenon observed after thoracentesis, to which Dr. Pinault had already called attention in 1868. This phenomenon or accident, which is rather rare, has been styled "albuminous expectoration." Drs. Despine, Woillez, Marotte, Behier, Hérard, and others have related numerous cases of it. In March last Dr. Terrillon, prosector of the hospitals, published a thesis, which is considered the most important we possess on the subject. It is generally after thoracentesis made in the simplest way, that this accident takes place; but it has been noticed, and this is a capital point, in cases where the chest has been readily emptied, and the effusion has completely dried up. After a time, which varies from a quarter of an hour to an hour, the patient is seized by increasing dyspnœa, and expectorates a greater or less quantity of yellowish, stringy, and frothy mucus, which may be as much as two quarts or more. Dr. Terrillon, who has gathered twenty-one observations, has seen two patients succumb, one in less than a quarter of an hour, to the suffocation produced by the accumulation of a considerable quantity of the said liquid in the bronchi and in the trachea. This is the grave kind of attack.

In the slightest forms the expectoration only lasts about a day; but in other cases it may go on for weeks. The liquid expectorated is yellowish. It was first of all thought that perforation of the pleura was the cause of this; but M. Fereol, in a paper read before the society, admitted the passage of the fluid into the bronchi by a kind of filtration. Dr. Hérard and others consider the sero-albuminous secretion to be caused by a considerable serous congestion of the lung taking place after the evacuation of the pleural cavity by thoracentesis.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We acknowledge the

Report of the Health Officer of San Francisco for 1873.

Ninety-first Annual Catalogue of the Medical School of Harvard University.

Homoeultology, an Essay.

——It is a matter of regret to see, in a journal called "*Wilson's Herald of Health*," published at Atlanta, and edited by a once reputable physician, an advertisement of a "certain cure for consumption" inserted in the editorial columns.

——A quarterly, entitled *The Chicago Journal of Nervous and Mental Disease*, edited by Drs. J. S. Jewell and H. M. Bannister, is announced. It is designed

to make a scientific, yet thoroughly practical journal, treating of the special department indicated by its title.

BOOK NOTICES.

Second Annual Proceedings of the Medical Society of Washington Territory, 1873. pp. 46.

Transactions of the Michigan State Medical Society for the year 1873. Lansing: 1873. pp. 170

Proceedings of the Nebraska State Medical Society at its Fifth Annual Session, June, 1873. Omaha: 1873. pp. 55.

Though small in size, the latter of these pamphlets contains reports of quite a number of interesting cases in medicine, surgery and obstetrics. One of recovery after extra-uterine pregnancy (reported by Dr. ROBBINS, page 19), is almost unexampled. Another, of a child swallowing concentrated lye, producing stricture of the œsophagus, recovering by dilatation (reported by Dr. COFFMAN), has many surgical bearings. The section on meteorology presents a careful report on the climatic conditions of the State. The weather there is frequently cloudy ("three-quarters of the entire year cloudy," p. 38), the atmosphere, however, quite dry (about 50 per cent. of saturation), the range considerable, and the variations sudden and violent, (60° in seventy-two hours, p. 37). We are unable to see that these facts "indicate to every medical man that the climate of Nebraska is favorable to the prevention and cure of all classes of diseases of the skin, lungs, and respiratory organs generally," as the committee sanguinely say (p. 46). We should have come to quite a different conclusion. The retiring President, Dr. N. BOWEN, in his address (which has the unusual merit of brevity) urges the value of beer and wine as medicinal agents.

The Michigan *Transactions* are largely taken up with discussions on ethics, evolution, and the laws of hygiene. The President, Dr. A. B. PALMER, speaks of the "improvement of the race in accordance with law;" Dr. H. O. HITCHCOCK discourses of the laws of hygiene in their relation to schools, and Dr. R. C. KEDZIE of the same laws as applied to school buildings. Dr. EDWARD W. JENKS has an article on coccyodynia; Dr. EUGENE SMITH on aural catarrh; Dr. L. W. BLISS narrates a case of dislocation of the spine, and Dr. J. F. NOYES describes embolism of the central artery of the eye.

Washington Territory makes some highly respectable contributions to science. The Proceedings of its medical society has a sound article on compound fractures, by Dr. J. W. WAUGHOP; a case of ligation of the left external iliac, by Dr. S. F. CHAPIN; and an instance of double hernia in the left pleural cavity, by Dr. T. T. MINOR. The pamphlet is neatly printed, and speaks well for the Society.

A Dictionary of Medical Science. . . With the Accentuation and Etymology of the Terms, and French and other Synonyms. By ROBLEY DUNGLISON, M.D., LL.D., etc. A new edition, enlarged and thoroughly revised by RICHARD J. DUNGLISON, M.D. Philadelphia: Henry C. Lea, 1874. pp. 1131. Price, sheep, $7.50.

The Dictionary of Professor Dunglison has been the standard work of reference of the American physician for nigh half a century. It has not its equal in the English language, nor its superior in any other. The more elaborate work of NYSTEN, richer in physiological detail, is far behind it in lexicographical excellence. Its eminent author, a profound and versatile scholar, occupied himself in improving it, from edition to edition, for thirty years before his death. Yet, so rich is modern science in neologisms, that the editor of the present edition—the talented son of the author—has found it necessary to include *more than six thousand* subjects and terms not embraced in the last edition, making additional matter equal to one hundred and sixty pages. The typographical arrangement has been improved, and the wearisome task of proof-reading has been completed with a uniform excellence that will really surprise any one who can appreciate the laborious difficulty of this sort of work.

All the late additions to the scientific vocabulary which have occurred to us to search for, are embraced, and we predict that others will discover but few omissions; that there should be none, is not possible to such an undertaking. The work will stand a monument of patient and productive toil, a boon to every practitioner, and an indispensable companion to every student.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JAN. 24, 1874.

D. G. BRINTON, M.D., Editor.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editor disclaim all responsibility for statements made over the names of correspondents.

NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

MEDICAL FEES.

In Great Britain a decided attempt is making toward increasing the traditional consultation fee of a guinea to double that amount. It appears from the discussions on the subject in our English contemporaries, that the fee of one guinea was fixed in the latter half of the seventeenth century, in Charles II's reign, when money, estimated at its purchasing value in beef, bread, and similar necessaries of life, was worth nearly thrice its present value. Hence, if the price put upon a physician's opinion in that day was correct, at this epoch two guineas is a very reasonable fee. A very elaborate comparison of the fluctuation of prices, and a close inquiry into professional social duties have been instituted, and it looks as if the change will be generally adopted.

In Canada a similar advance on the old fee bills of thirty years ago, has already been adopted, and so far as we hear, without grumbling on the part of the public.

In this city, the College of Physicians and Surgeons have substantially abrogated the fee bill altogether. It has proved next to impossible, if not wholly so, for any one to live up to it, and it is certainly better to dispense with a fee-bill which is neither legally valid nor practically respected.

The public are aware that they must pay more for the advice of one physician than for that of another; they expect it, and it is right that the hardest student, the most earnest worker, he who by years of labor has reached eminence in his profession, should place a higher price on his opinion than his lazy neighbor, who rarely ventures into profounder depths of science than his rusty text books contain.

The objection that the profession should not be placed on a mere money basis, that it is derogatory to it to talk of it as a money getting trade, is too affected, and savors too much of "buncombe" to be worth answering, hardly worth mentioning.

To speak of what is more important to our

mind than the regulation of fees, the collection of them; would that a general rule was adopted in city and country, wherever at all feasible, to present bills monthly, and urge monthly settlements. It is no uncommon matter for physicians to lose one-third or one fourth of what is justly due them for services rendered, and much of this owed by parties who can pay if they will. The general adoption of "black lists," registers, not of the worthy poor, but of the unworthy well-to-do, who shirk their doctor's bill, and change their attendant when he becomes pressing, ought to be generally kept and often consulted. An increased attention to this financial aspect of the profession would benefit the standing of physicians and the morals of their patients.

Notes and Comments.

Therapeutical Notes.

RHEUMATIC IRITIS.

Dr. Fano recommends solution of atropine used as an eye-wash, and the nightly administration of ten grains of Dover's powder. The patient to be warmly clad in flannel, and to abstain from the use of meat, wine, strong coffee, and spirits. The solution of atropine is made to the following strength: Distilled water, five ounces; sulphate of atropine, one grain; to be used in an eye basin every three hours, during five minutes. The eye to be shaded during the day.

PODOPHYLLIN IN CONSTIPATION.

Dr. Constantin Paul lately read a paper on this drug at the Société de Thérapeutique, which has been published in the *Gazette Medicale de Paris*. He considers this remedy one of the most reliable in habitual constipation. He began by combining it with belladonna, as advised by Trousseau and others. When belladonna did not agree, he substituted hyoscyamus. He has now discarded all adjuvants, and gives it alone.

PHENIC ACID IN THE TREATMENT OF CHOLERA.

M. Declat recommends the use of phenic acid in various stages of cholera. In the premonitory diarrhœa, and in the more marked form, should the attack be severe, he uses weak subcutaneous injections of phenic acid, two and a half to five parts, diluted in one hundred of water. Should the algid sleep appear, phenate of ammonia should be administered as a drink, dissolved in water in the same proportions, and should death appear imminent an injection, drop by drop, should be made into the veins, even up to one hundred and fifty to two hundred drops of the same solution.

He states that he has seen, by this treatment, positive resurrections.

TREATMENT OF SALIVATION BY ATROPIA.

The patient, a woman of sixty-eight years, had had two attacks of apoplexy followed by hemiplegia of the left side. On being admitted into Dr. Ebstein's wards (Breslau Hospital) profuse salivation was observed. According to the patient, it had begun a month previously. Atropia was administered internally without any effect. On the dose being increased the quantity of saliva diminished. Atropia (the sulphate) was then injected hypodermically, and after seven minutes the salivation was stopped. On doubling the dose the secretion was arrested for twelve hours. Dr. Ebstein explains the action of the drug through its influence on the permanent irritation of the secretory fibres of the salivary glands.

HYPODERMIC INJECTIONS OF BINIODIDE OF MERCURY IN CONSTITUTIONAL SYPHILIS.

Dr. Raggazoni has happily modified the formula advocated by Gamberini by adding to the solution of biniodide of mercury a little iodide of potassium, which insured the complete dissolution of the salt. His formula is: biniodide of mercury, half a grain; iodide of potassium, sufficient quantity; distilled water, half a drachm. This liquid injected at once never produces an eschar, if it is introduced properly into the conjunctival subcutaneous tissue, and not the derm.

The Non-Mercurial Treatment of Syphilis.

Dr. Herman, of Vienna, still battles for the discarding of mercury in the treatment of syphilis. He is of opinion that many of the doctrines of syphilis, as taught in the schools, are without foundation.

For ten years past, he says, the theory and practice of many German, English, French, and other State Medical men has shown that mercury is not a remedy. This teaching is now made more clear by electro-

lysis, and we know that mercury, in place of being a remedy in syphilis, may give rise to a host of diseases which may be ascribed to syphilis. In an article in the Vienna *Presse*, he proved, from statistics from his own hospital, as compared with the general hospital, that the treatment of syphilis without mercury is at least a third shorter than when mercury is used; that it is much less costly, and that the mortality is very much smaller. He therefore recommends the passing of a minute by the Congress, recommending the disuse of mercury in syphilis. He goes on to say that when once the chains which hold the schools bound in hypotheses and superstitious treatment of syphilis have been broken, and when some international congress forbids the use of mercury, with its privileged methods of poisoning, there will, as a natural consequence of this, arise more liberal views as to prostitution, which will be looked on as a necessary, or, at any rate, unextinguishable evil, and hence, again, the humane treatment of prostitutes will follow.

Tapeworm in Grouse.

A writer to the *Lancet* says:—

"Having read in some late numbers of your journal letters on the grouse disease, I was induced to examine the intestines of as many grouse as I could obtain, with the view of ascertaining whether they were generally affected with tapeworm or not. I have now examined the intestines of seventy-two birds, in all of which I have found tapeworm, with the exception of eight. It must be borne in mind that the birds which I examined were not diseased birds, in the common acceptation of the word, but marketable birds, which were eaten. In some few cases I found the intestines perforated by the worms, but of course cannot say that it was done during life. In most cases the intestine was apparently entirely blocked up with them for a length varying from two to six inches. This occurred always about the same place in the intestine."

Such investigations would be worth while to pursue in this country.

Ethiops Mineral in Cholera.

The *Central-Zeitung*, a very reliable medical paper published in Berlin, in its issue of December 3d, estimates the actual number of deaths from cholera in Hungary, from November 1st, 1872, to November 1st, 1873, at not less than *two hundred thousand!* The official reports from Vienna this past summer give a mortality of 55 per cent. of all cases!

These frightful figures give renewed importance to the alleged value of the ethiops mineral as a preventive and a cure, as advocated by Dr. Cadet, of Rome. That gentleman has kindly forwarded us a copy of *Il Tagliamento*, a weekly journal published at Pordenone, a town of about 5000 inhabitants in northeastern Italy. That locality was swept by the epidemic last summer, but Pordenone escaped, and Dr. Guiseppe Francesconi relates how. Besides the usual hygienic directions, every case of choleraic disease was at once put upon the ethiops mineral, and nothing else, except chloral in some cases. "The result was beyond all expectation. Only two deaths occurred, and both in neglected cases." No quarantine or cordon was established. Such success deserves general imitation.

Ethereal Tincture of Iodoform.

M. Odin found that, when solutions were made in white glass bottles, the color changed after a little time from canary yellow to brown; iodine was liberated, and could be detected by starch paper. This change took place more quickly if the crystals of iodoform were previously pulverized. Of solutions prepared in *red* glass bottles, those made with crystals remained unaltered, those made with powdered crystals changed after a few days. In regard to solubility, it was found that ether of 65° Baumé dissolved 25·195 per cent. of iodoform; 62° B., 18·694 per cent.; 56° B., 16·044 per cent. The conclusion was to adopt the following formula:—

Iodoform in crystals,	1 gramme,
Ether of 65° Baumé,	4 grammes.

Administration of Phosphate of Lime.

This substance is too insoluble in most menstrua to allow its use in suitable doses. A small quantity is dissolved in the stomach by the hydrochloric acid of the gastric juice, and it is present in a state of solution in the blood, urine, and other fluids of the body. But when it is administered in the normal state, the greater part passes into the fæces and is lost. Satisfactory results can only be obtained by giving it in solution; and its best solvent is the one which it meets in the

stomach, namely, hydrochloric acid. If a chemically pure bibasic phosphate of lime be used, a few drops of hydrochloric acid in a tablespoonful of water will dissolve one gramme. By introducing phosphate of lime into the stomach under this form, its absorption is facilitated in the highest degree, without impoverishing the gastric juice to the detriment of digestion.

Resin of Copaiba.

Mr. GERRARD suggests (*Pharmaceutical Journal*, iv, 63) the following. Take of

Resin of copaiba,	15 grains;
Compound powder of almonds,	30 grains;
Water to	1 ounce.

Rub the resin with the powder until well incorporated, then add the water to form an emulsion. This forms, he says, a cream-colored emulsion, having but a faint odor of copaiba. This may be removed by the addition of compound tincture of lavender, which at the same time imparts an agreeable pink tint.

To Disguise Castor Oil.

A writer in a Canadian Pharmaceutical journal recommends for this purpose the following formula:—

℞.	Ol. ricini.	℥j.
	Ol. anisi,	gtt x.
	Chloroform,	gtt x.
	Shake well together, then add	
	Mucil. acaciæ,	℥ss.

Shake well and make up to two ounces of water.

Mr. Gregory, in the *Amer. Jour. of Pharmacy* says:—

For some twelve or fourteen years past I have used the following formula for a Castor Oil draught, which has proved very acceptable to adults who could not get down the pure oil. For children it does not answer so well, the dose of necessity being double that of the oil:—

℞.	Ol. ricini,	℥j.
	Mucil. acaciæ,	℥ij.
	Shake well together, then add	
	Syr. simp.	℥ij

Scarlatina Contagion.

Dr. SNOW, of Providence, remarks in his last monthly report as Registrar:—The epidemic of scarlatina still continues, and will probably do so with greater or less severity, until warm weather. Many physicians, perhaps a majority, believe scarlatina to be contagious; some think it is highly contagious. People who think so, will, of course, act according to their belief. I have seen no reason, in the present epidemic, to change the opinion, formed from twenty years' close observation, that it is not contagious, in the ordinary meaning of that word.

Tar and Wild Cherry Bark.

The *American Pharmaceutical Journal* says:—

There are many cases of disease in the treatment of which the physician may wish to combine the properties of tar with those of wild cherry bark; if so, an elegant and valuable combination of this kind may be formed in the following manner:—

℞.	Tar, pure,	one pint.
	Infusion wild cherry bark,	four pints.

To the infusion, in a suitable bottle, or other air-tight vessel, add the tar. Set it aside to macerate for two or three days. Stir the mixture well with a stick, and shake it vigorously frequently during the maceration. Then filter through paper.

Missionary Mortality.

The Rev. John A. Vinton has prepared some interesting statistics of the mortality of American missionaries at various foreign stations. In Western Africa, Southern India, Southern China, and the Indian Archipelago, the mortality has been from three to nearly seven times as great as the American Experience Tables indicate, while in the Sandwich Islands and in Southern Africa the aggregate mortality has been less. In the Sandwich Islands, though lying within the tropics, the mountainous nature of the country enables foreigners to select places of residence where the air is as mild as in the mountains of Tennessee; and in South Africa, the mission stations are on an elevated plateau.

But in all that belt of country commencing with Turkey, and extending eastward and southward through Syria, Persia, India, and Southern China, and especially in the Indian ocean, the mortality of American missionaries has been excessive. In these countries, fevers and the cholera have caused a large ratio of the deaths, while only a very small number have died by violence.

In all the unhealthy countries, with the singular exception of Persia, the mortality among women is much greater than among

men. This may be partly accounted for by the younger age of embarkation and the less previous exposure to hardship. Among the missionaries to Turkey, the mortality among females who embarked under the age of twenty-five has been about two and a half times as great as among those who were older at the time of leaving home. Among the female lives in the Sandwich Islands, we find eleven deaths between the ages of twenty-five and thirty-nine inclusive, while the tabular mortality calls for a fraction over six.

Correspondence.

Valerian in Convulsions.

Eds. Med. and Surg. Reporter:—

Of late it has been my lot to attend quite a number of little patients affected with convulsions. The patients presented symptoms which were pretty uniform, as follows:—

The attack generally commenced in the eyes, which were fixed in one position at first, staring, but as the cases advanced they became agitated, and were turned up beneath the upper eyelids, leaving only the whites visible. The eyelids were sometimes open, sometimes shut; and not unfrequently the eyes were crossed, with pupils dilated or contracted. The muscles of the face next became affected, and the contractions produced at various times violent contortions, the mouth being distorted, sometimes the jaws firmly set, or, again, in violent motion. In a few cases there was foaming at the mouth. In the severer ones, when the spasm became general the whole body was convulsed violently; the head was thrown backward or to either side, the body becoming stiff and rigid, or variously contorted. The fingers and thumbs were drawn into the palms of the hands, the arms thrown backward, or jerked and drawn into all conceivable positions. The lower extremities were likewise sometimes affected, but not generally in so violent a manner. The duration of the "fit" was different in different cases, sometimes continuing for an hour or more, and in the milder cases only lasting for a few minutes.

The most common causes are irritation of bowels, from indigestible food, teething, worms, excessive crying and pains, anger and joy. A dangerous form results from overloading the stomach with indigestible food. The most serious case I ever saw to recover was the result of feasting on a large quantity of grapes. The eruptive fevers very frequently produce them. The list of causes might be increased, as I believe the causation may arise from many other sources.

The prognosis in those cases, for the most part, may be favorable, as I believe all will recover except those complicated in some way with cerebral trouble.

The first thing I have done is to prepare a warm bath and put the child in as soon as possible. Where the attacks are very light, a foot bath, with a little mustard, is sufficient; but in the more severe cases, the bath must be a general one. As for medication, I have relied entirely on fluid extract of valerian, in doses varying from ℥½ to a ℥, mixed in water and administered as often as fifteen or twenty minutes between the spasms, persistently repeated, with an occasional mild injection of warm water and assafœtida, which gave results so satisfactory that when called to cases of this character I do not feel justified in adopting any other mode of treatment.

Respectfully,

J. M. Hall, M. D.

Fayetteville, Ohio.

Cerebro-Spinal Meningitis and its Treatment.

Eds. Med. and Surg. Reporter:—

Your cordial invitation extended to country practitioners some time ago, for their experience, induces me to send you the following suggestions relative to the disease popularly known as "*spotted fever*;" the more particularly as we are now meeting with comparative success.

It would seem, from the medical literature on the subject, that, to meet with partial success in the treatment is almost out of the question.

Cerebro-spinal meningitis has prevailed more or less in the winter or spring in this locality for the past several years, threatening to become epidemic; at one time it committed dreadful ravages. This place is noted for its great local insalubrity.

Without attempting to define the cause, pathology, etc., I have deduced from my observations the following propositions:—

1. There is a profound alteration of the blood.
2. The meteorological conditions favoring its development is cold, wet or changeable weather.
3. It is confined to an area of country of about five square miles.
4. It sustains a relation to erysipelas.
5. All other diseases take on unusually severe action during its prevalence.
6. There are premonitory signs of sickness.
7. In general, "spots" appear sooner or later.
8. The minimum and maximum duration of both cases of recovery and death is from twenty-four hours to ten weeks.
9. The rate of mortality is as three to five.

Treatment.—The remedies used, and those upon which we place the most reliance, are the following, but irrespectively, for all are quite essential:—

In the commencement we are in the habit of administering a large dose of calomel, followed in a few hours, if necessary, by Epsom salts; after the bowels have been thoroughly moved, active diaphoresis should be instituted and maintained a considerable length of time, which we accomplish

through the agency of hot bricks wrapped in wet cloths, placed in such proximity as to retain the vapor. This form of sweating we think best adapted. The form of the anodyne and sedative is the following, viz: Potas. bromid., gr. xx to xxx, morph. sulph., gr. 1-6 to 1-4, in water, averaging a dose about once in two or three hours, according to the effect and urgency of the symptoms. This combination serves the purpose admirably. Of course the prompt application of a blister (fly) to the nape of the neck should never be neglected even in those cases that are apparently mild; subsequently dressing as usual. Cold application to the head, stimulating pediluvia, and mustard draughts to pit of stomach or bowels, are also proper in the most of cases.

But probably the most important of all remedies is the alterative and tonic compound of quinia sulphas, and tr. ferri chloridi, given in as large doses as consistent with the tolerance of the stomach, and I have thought sometimes a minute quantity of arsenic in addition enhanced the value of the prescription.

Large doses of opium, hydrate chloral, chloroform, or any of its kindred preparations, should be, according to our judgment, prohibited. Arterial stimulation may be admissible late in the disease, but rarely is productive of any good.

S. V. CROOKS, M. D.

Lake, Indiana, Jan., 1874.

NEWS AND MISCELLANY.

Erratum.

In our notice of the death of Dr. Pentz (cur. vol. p. 44) we inadvertently gave his residence at Altoona, Pa. It should have been York, Pa.

The Philadelphia Obstetrical Society.

The following officers have been elected for 1874:—

President.—Dr. A. H. Smith.

Vice Presidents.—Dr. J. L. Ludlow, Dr. J. S. Parry.

Secretary.—Dr. Jas. V. Ingham.

Treasurer.—Dr. D. Murray Cheston.

Curator.—Dr. Wm. F. Jenks.

Publication Committee.—Dr. Wm. Goodell, Dr. W. F. Jenks, Dr. J. H. Packard, Dr. R. G. Curtin.

Council.—Dr. L. D. Harlow, Dr. R. P. Harris, Dr. J. F. Wilson, Dr. Elwood Wilson.

Reports from Physicians.

We are requested to publish the following:—

HEALTH OFFICE, PHILADA., Jan 10, 1873.

Physicians are requested to transmit to this office such records of births as have not yet been presented for registration.

By order of the Board of Health.

WM. P. TROTH, *Chief Clerk.*

The New York State Medical Society.

The next annual meeting of this society will be held at Albany, N. Y., commencing on Tuesday, the third of February. Dr. E. M. Moore, of Rochester, is president, and Dr. W. H. Barley, of Albany, secretary. The report of the Committee on Hygiene, Dr. A. N. Bell, of Brooklyn, chairman, is looked forward to with much interest. It will be the first attempt ever made in the State to secure accurate information on the following subjects: 1st. To what extent are the diseases of your county due to insufficient drainage? 2d. How many acres of marsh land have you in your county? 3d. Have you intermittent diseases not attributable to marshy deposits, but to soil saturation? 4th. Are there in your county places where intermittent fever has disappeared as a result of systematic drainage of the surface saturation? 5th. What system of drainage is necessary to render your county free from malarious diseases? The question of who shall publish their "Transactions" will also be important. This has been done by the State, but the organization of a Homœopathic and Eclectic State societies, each claiming from the State the publication of their ponderous volumes, has lessened the number. Now only about four thousand are issued, which are inadequate to meet the demands. The Homœopaths and Eclectics have the other four thousand, and are urging for more every year. It is proposed to publish them by the society, and raise the quality as well as the general character of the volume. The demand for the "Transactions" abroad (principally from societies) has been constantly increasing, and it is hoped that if the society publish its own "Transactions," it will afford an opportunity for gathering a library, by exchange, of great value in the future. C.

The Centennial—Proceedings of the Philadelphia County Medical Society.

At the semi-monthly meeting of the Philadelphia County Medical Society, Dr. Frederick Horner, Jr., United States Navy, on invitation, called the attention of the Society to the importance of issuing a circular of invitation to the members of the medical profession in the United States, inviting them to co-operate with the profession in Philadelphia to make the approaching Centennial Celebration, in 1876, a success.

He quoted also from a letter which he had received from Frederick Fraley, Secretary of the Centennial Finance Committee, and which indicates how the medical profession may contribute to the honor and success of the Centennial.

Dr. Horner made, in the conclusion of his remarks, an earnest appeal to the Society to take prompt action on the above important suggestions; that it would be well to extend the invitation to the physicians of Canada, and even South America, as our International Fair would be strictly, in one sense, an American exhibition, and if their circular were sent to

State, county and city medical societies of our country, success would be certain.

Remarks to the same effect were made by Drs. M. O'Hara, J. G. Stetler and L. Turnbull, whereupon a committee, consisting of Drs. Turnbull, Stetler and O'Hara, were appointed to draft resolutions and report at the next stated meeting.

Philadelphia County Medical Society.

The next conversational meeting will be held on January 28th, 1874, at 8o'clock, P. M. Dr. William Goodell will make remarks on the rapid dilatation of the womb for the treatment of some uterine affections. All regular practitioners of medicine are cordially invited.

A Strange Discovery.

The *Echo du Parlement*, a Belgium paper, publishes a curious letter from Hasselt, announcing the discovery of a succedaneum for coal. The letter says :—"Two days ago a poor peasant of our neighborhood went the round of all the coffee houses with a sack containing earth. He said he had found the means of heating rooms with that substance impregnated with a solution of soda. He made the experiment before a crowd of people, and succeeded.

"Next day the whole town was in great excitement. Everybody had tried the new discovery, and I did the same. Following the man's instructions I filled a scuttle three-quarters with small coal and the remaining fourth with a vegetable mould. I then sent for a halfpenny worth of common carbonate of soda, which I dissolved in half a litre of water, and then mixed up with the rest. This quantity has been sufficient to warm my room from two o'clock in the afternoon to seven in the even ing, at which hour I am penning this."

Vaccine.

Will some of the many who have received virus from us return us some? We need it for others.

—Dr. J. A. P. Scott, the oldest physician at Mason, Columbia county, S. C., died recently. He was a member of the South Carolina Legislature fifty years ago.

—Hon. John French, formerly a resident of Bath, N. H., died in Beloit, Wis., Dec. 25th, aged 93 years and six months, the oldest physician in the State.

—Dr. J. H. Whittemore, recently of Hartford, resumed his post of Assistant Superintendent of McLean Asylum, in Somerville, Jan. 1.

QUERIES AND REPLIES.

Surgeon.—We are not aware that either this City or State has granted any medals or similar tokens to officers in the late war.

OBITUARY.

ANSON PARKER HOOKER.

The death of Dr. Anson Parker Hooker, of Cambridge, Mass., occurred Wednesday afternoon, Dec. 31st, at 1 o'clock, at his residence, after a brief illness from typhoid pneumonia. Dr. Hooker was a son of Dr. Anson Hooker, recently deceased, a graduate of Harvard College, and a member of the Massachusetts Medical Society. He served as Surgeon of the Twenty-sixth Regiment during the first year of the war, receiving his commission September 10, 1861, and his discharge, on account of sickness, June 18, 1862. He was commissioned by Governor Andrew, May 26, 1863, as Assistant Surgeon-General of Massachusetts, and he has held that position throughout the several administrations up to his death. He has suffered, during the last years of his life, from the disease which he contracted in the service, and, though by no means a strong man, has labored incessantly in his profession, and has had the care of an extensive practice. Dr. Hooker was a member of the Massachusetts House of Representatives in 1867 and 1868. For several years past he has been a member of the Cambridge School Committee, and at the last municipal election was re-elected for three years. As a private gentleman his unostentatious charity and kindness of heart have endeared his memory to many who have been the recipients of his bounty, and his many attractions have made him the friend of all who have been associated with him in private or public life.

MARRIAGES.

BRUCE—TILSON.—In Braintree, Vt, by Rev. E. Gerry, Martin Bruce, M. D., of Brattleboro, and Miss Nancy J. Tilson, of Braintree.

HAMLIN—MCWAIN.—In Waltham, Mass., 22d ult., by the Rev. M. R. Leonard, Dr. E. L. Hamlin, of Boston, and Miss H. Emilie McWain, of Waltham.

LAWRENCE—COOKE.—On Thursday, January 8, at Trinity Chapel, by Rev. F. C. Ewer, assisted by Rev. T. McK. Brown, Wm. H. C. Lawrence, of Boston, and Annie H., daughter of Dr. C. L. Cooke, of New York.

MURRAY—WRIGHT.—On December 23d, 1873, at the residence of the bride's father, by the Rev. Wm. Lewis, Dr. J. P. Murray and Mrs. Adelia A. Wright, widowed daughter of P. H. Cole, Esq., all of Stone Fort, Ill.

WAITE—LEONARD.—In this city, at the residence of Mrs. Graham, No. 502 Shawmut avenue, by the Rev. George C. Lorimer, Dr. Alton E. Waite and Miss Amy J. Leonard, both of Boston.

DEATHS.

BROWNELL.—At Auburn, N. Y., January 7, aged 80 years, Mary, wife of Dr. Moses Brownell.

HUTTON.—At Shenandoah, Pa., Jan. 9th, Hannah Lapette, wife of Dr. T. J. Hutton, in the 22d year of her age, of puerperal fever. Her babe survives.

KLINE.—In Catawissa, Pa., December 26th, 1873, Elisha Benson, son of Dr. L. B. and Desda Kline, aged two months.

TOWNSEND.—At No. 211 West 14th street, Jan. 8, in the 65th year of his age, John Fondey Townsend, M. D., only son of the late Charles De Kay Townsend, M. D., of Albany.

WALLENS.—On the 4th inst, at Somerville, N. J., Dr. Miles W. Wallens, son of the late Joseph S. Wallens.

THE

MEDICAL AND SURGICAL REPORTER.

No. 883.] PHILADELPHIA, JAN. 31, 1874. [Vol. XXX.—No. 5.

Original Department.

Lecture.

NEW DUTIES OF THE PHYSICIAN.

Being a Lecture delivered in Lyon, August 27, 1873, before the Section of Medicine of the French Association for the Advancement of the Sciences, by Dr. Seguin, as Delegate of the American Medical Association.

Mr. President and Gentlemen:—We have so many duties that it is difficult to bind us to more. But really, those which I qualify as such have nothing new but their urgency, which is due to the present circumstances.

One of these duties is for us not to work isolated, when all the other labors are undergoing coördination. To that effect we must be ready to give more uniformity and precision to our means of registering observations, so that all of them could be compared, and their conclusions easily found out. The same want the people at large experience, of a unity of money and measures, we experience for our means of observations. For we are no better off than those who incessantly try to find out the equivalence of the francs, the sovereigns, the thalers, and the dollars; with this difference, that the people are not free, and we are, to dispel those remnants of barbarism.

The clinic tables differ, not only from one nation to another, but from one hospital to another in the same city; and family physicians have neither uniform clinic tables, nor even hand-books which could be compared. Who does not feel the advantage of substituting the unity of plan for this anarchy?

A second duty appears to be to harmonize also our means and instruments of observation. Every one has his own. One set ride the microscope, another the sphygmograph; and these later instruments have not always the unity of movement which insures the similarity of the curves in similar cases; whilst the thermometers are yet scarce, their scales vary, and the observations taken in London, Berlin and Paris can hardly be made to harmonize; so it is with almost all our instruments of observation; whence we miss very important deductions, whose terms are in our hand, but cannot be compared.

This disorder once exposed cannot fail to be corrected. Will I dare to tell you, gentlemen, that some trials in that direction have been made in the United States? Yes, since I have the honor of occupying your attention as a delegate of the American Medical Association. To uniformly register observations, we have several schemes, of which I present to you only the two here annexed. One is a *Clinic Table*, to be used either in hospital or private practice; the other is a *Prescription and Clinic Record*, equally useful as a physician's pocket-book, or as a record of health in every family. As author of both, I know their defects, and I present them to you only to demonstrate that, to bring such works to perfection, every one of us needs the critical and inventive concourse of all of us, and this is my present object.

In regard, more especially, to the unity of the instruments and methods of observa-

tion, feeling my own deficiency and the want of time, I will indicate only one of the accessory questions which, at the same time, will serve as an introduction to my last remarks. I mean to bring to view the necessity of choosing a human thermometer, and a system of thermometrical registration, which could equally fulfill the wants of science by their precision, and the wants of the family by their simplicity.

Many physicians may yet ignore that the same thermometer is not used by the profession at large, nor that the graphic tables representing the temperature and other signs of disease have not yet found their way into all the hospitals, and are almost unknown in civil practice. This partial failure of the most admirable means of diagnosis and prognosis is due to the difficulty of tracing the graphics, even for skillful and devoted students; and to that of making the family of the sick understand the relation of the many signs of the ordinary thermometers with the very few degrees of the scale of human vitality.

Those difficulties are not the only ones, but the main ones; and which we have tried to obviate, 1st, by the creation of the physiological thermometer; 2d, by the arrangement of tables where the movements of the temperature and of other vital signs are represented—no more by curves or delineations—but by the figures themselves of the quantities given by the instruments of observation; in other terms, by the creation of mathematical thermometry.

With this instrument and this method, the all drama of life, disease and death, is seen to run out in ten centigrade degrees, seven above and three below the point of health or *norme* fixed by Becquerel and Brechet, assisted by Julius Seguin; and it would be difficult to find a person so devoid of common sense as not to comprehend, on that physiological scale, when there is danger, and when to call for medical assistance; at the same time the figures thus obtained, almost by anybody, would enable the practitioner to arrive at the most positive calculations upon the quantities of *ustion* compatible, and those incompatible, with the continuation of life.

But I must not forget that clinical thermometry is only an illustration of my second proposition, and an introduction to the last; of which presently.

Of all our duties, gentlemen, one of the oldest and most sacred is to instruct the families who trust us in all which it is good for their race they should know of our art. In ordinary times, crowded with business, we likely let this duty slumber. But let us come to one of those epochs in which spreads some sort of epidemic of the mind, subtle, contagious, fatal; then the old and almost forgotten office of instructing our clients in all they can comprehend of the phenomena of disease and cure reappears to our consciences, a new and imperious duty.

This happens quite often. Hippocrates had to fight the theurgic doctors, and thunder them down with this aphorism: "The diseases and the cures are alone divine which conform to the laws of nature."

Herophilus and Erasistratus had brought anatomy and experimental physiology to their acme—without possible drawback to ignorance—so thought the learned of those days, like those of ours; when Origenes declared famine, sterility, corruption of the atmosphere, epidemics, etc., caused by demons. As a sequel to this doctrine, the bishops emulated the pagan magicians in performing the most astonishing cures; St. Antoine stopped the fits, St. Ida calmed the distresses of the womb, St. Come and Damien cured all and any disease, with the authorization of the Emperor Justinianus; then the therapeutes cured by the spirits, Æons, or Demons.

Then began that long night which invaded the civilized world; often starting from the nursery and the sick-chamber, under the pretence of instructing and curing the women and the children, they destroyed the harmonious cranium, produce of Grecian culture, and substituted in its stead—either pointed like the Peruvians, or flattened like the Mexicans—those heads which are seen yet upon the monuments, singing their idiotic alleluias.

Could it be true that we are threatened with a recurrence of this leprosy of the mind? * * * * * The answer depends to a great extent upon what we physicians shall do to prevent the affirmative, and this, gentlemen, is the great duty which the present condition of human society devolves upon us, more than upon any other class of men, and which we shall fulfill.

I support my hope upon the opinions of the men I have recently conversed with; MM. Wunderlich, Brown-Sequard, Lorain, Littré; to which your memory will add the

printed authority of Aitkin, Sydney-Ringer, Jaccoud, etc. Moreover, the practice has demonstrated to all of us that as soon as a mother is instructed in the simple art of taking the temperature of her patients, and thereby to follow the natural march of disease, and the rational effects of medication, she and her family are proof against the epidemic of cures by the devils or by the saints.

Besides thermometry, we have many other means of instructing the people upon their natural conditions. But those means, too, need coördination; a task worthy of your society *for the advancement of sciences*, and in which you can do a great deal of good in a few years.

Therefore, and with this conviction, I stop, after having hardly delineated the plan of the work the accomplishment of which I beg you to entrust to a special commission; and beg you to form said commission with power to add to itself foreign members, and with the duty of reporting progress at your next meeting, on

1. The best means of coördinating and generalizing medical observation.

2. On the choice of the best instruments and methods of physical and positive observation, in view of generalizing their employ.

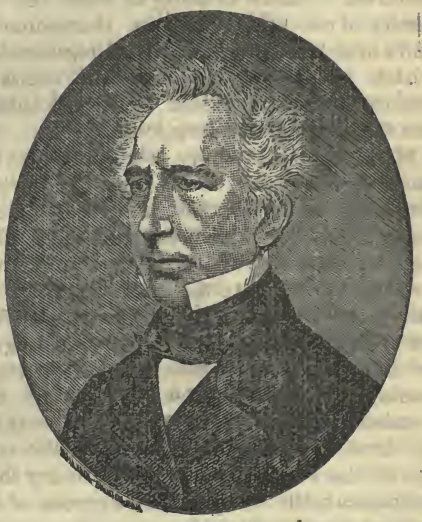
3. The best methods of demonstrating to mothers and to all who have charge of infants and sick people, that diseases are natural phenomena; and that whoever pretends to supernatural powers which can give and cure diseases, insults the only God which, like Socrates, Hippocrates did already identify with the laws of nature, in his devotion for truth, goodness, and justice.

* * * * * * * *

The proposition of Dr. E. Seguin was strongly supported by Prof. Marey and Verneuil, the latter President of the Section of Medicine, and a commission will be constituted. Any one conversant with the persistent efforts made throughout Europe to lower once more the human intellect, will comprehend the high character of the task here assigned to the medical profession at large, and assist in carrying out this proposition, remembering that, if it has received the assent of the highest authorities in the congress of Lyon, it was originated within the American Medical Association, and grafted in Europe by one of its delegates.

Communications.

DR. JAMES McNAUGHTON.



THE OLDEST MEDICAL LECTURER IN ACTIVE SERVICE.

But few physicians pass the milestone of half a century in active life. As a rule they are retired from the field before this time, or occupy some place subordinate to a younger man. In the language of an old sea captain "they are either laid up in the harbor of debility, or stranded on the quicksands of disease." These times of fast work and faster living seldom permit men of any occupation to cross the fiftieth anniversary of their business career still bearing the heat and burden of the day. In the history of the medical profession only a few instances are on record, of physicians who have lectured and taught the science through the changes of half a century. To have lectured all these many years, and be still at the desk, instructing the second and third generation of former pupils, is a peculiar honor rarely given. Dr. James McNaughton, President of the Albany Medical College (now the medical department of the Union University), and the professor of theory and practice, is the oldest lecturer (in all probability) in the world. He was born in Scotland, in 1796; his father was a wealthy farmer on the Grampian hills in Perthshire. His boyhood was spent on these romantic mountains; and here a vigorous constitution was built up, which

has enabled him to outstrip his cotemporaries in labor and long life. Preparing for college at Kenmore, Dr. McNaughton was admitted to the University of Edinburgh, in 1812. Entering the medical department he graduated in 1826, intending to enter the navy. The war closing at this time, he gave up the idea, and continued his studies another year under the celebrated Profs. Gregory and Hamilton, both leading lecturers at the University. Securing an engagement as surgeon on an emigrant ship to this country, he landed at Quebec in July, 1817. While the ship was waiting he paid a visit to some distant relatives in Albany, who persuaded him to resign his position and commence to practice here. Following their advice he soon took a prominent position in the profession, and three years after was appointed to deliver a course of lectures on anatomy at the then popular College of Physicians and Surgeons, at Fairfield, N. Y. The next year he was appointed full professor of anatomy and physiology, and continued to lecture for nineteen years. One year he filled the chair of surgery, making in all twenty years at this college. In 1840 the Albany Medical College was organized, and Dr. McNaughton was made professor of the theory and practice of medicine, which chair he has held with great acceptance up to the present time. He is now delivering his fifty-third annual course of lectures, and during this more than half century, he has not missed a dozen lectures, or been confined to the house a week with illness. Dr. McNaughton has also been a busy, successful practitioner. Of late years he has been constantly occupied as a consulting physician, with a particular reputation for excellent judgment and careful diagnosis. As a lecturer he is clear and concise, abounding in forcible illustrations drawn from his long experience. To medical literature, in reviews and journals, the doctor has contributed numerous papers, which have been noted for their accuracy and painstaking statements, as well as their practical originality. Through all the vast revolutions in the practice of medicine, from 1812 down to the present time (comprising an era in the history of medicine of more importance than that of centuries before), Dr. McNaughton has been conservative; following along in the line of the great changes, adopting new theories only when they have been established by experience. This course has given him a wide reputation as a careful, reliable expounder of the science. In appearance the doctor is a tall, well built, hale-looking old man, very courteous and genial in his manners. His mind is clear and strong, and his lectures are delivered with all the energy and freshness of early life. He is now 77 years old, and has lectured fifty-three years; giving frequently two courses of lectures in one year. In all he has given about seventy different courses of lectures. His health is good, and he bids fair to keep the field for many years. All his early cotemporaries are gone. In the lecture field Prof. Christison, of the University of Edinburgh, is the next oldest man at work; he began to lecture in 1838. No other of the faculty of the college at Fairfield is yet living. Dr. J. H. Armsby is the only one who began with him thirty years ago and more, in the Albany Medical College, and is still at his post. C.

SOME PRACTICAL HINTS FOR THE TREATMENT, AND FOR THE PREVENTION OF UTERINE DISORDERS.

BY WILLIAM GOODELL, M. D.

Physician in Charge of the Preston Retreat; Clinical Lecturer on the Diseases of Women and Children, in the University of Pennsylvania, etc.

(*Continued from No.* 882.)

Fibroid Tumors of the Womb.—The treatment of this class of growths may be divided into the *palliative* and the *radical*. The former aims to accomplish the following ends: 1. To stay the hemorrhage; 2. To allay uterine colic and pelvic pains; 3. To lessen the inconveniences arising from the weight and bulk of these tumors; 4. To check their growth.

To stay the hemorrhage is the most imperative of all the indications in the treatment of these growths, and as such I shall dwell on it at some length. For this purpose, a day or two before the one on which the menses are expected, relieve the precursory engorgement of the pelvic viscera, by a saline cathartic, and put your patient to bed, where she is to stay during her sickness. Such rest, and I mean functional rest as well as physical rest, will alone often act like a charm. If it fails, give a teaspoonful

of the fluid extract of ergot every two, three, or four hours, according to the urgency of the symptoms. In the long run ergot is, here, our sheet anchor. Next to ergot ranks gallic acid, given in doses of from twenty to thirty grains, repeated every two, three, or four hours. I know nothing better to check the most alarming hemorrhages, either from the womb, as in menorrhagia, or from the bowels, as in typhoid fever. When serious emergencies of this kind arise, to give smaller doses is mere trifling. Any table syrup will disguise its taste and reduce its bulk. Sometimes one will succeed best by combining ergot with gallic acid, to which must often be added morphia enough to allay the severe pelvic and uterine pains. Quite recently Spencer Wells and others have highly lauded a free exhibition of an infusion of Vinca major, the greater periwinkle of our flower gardens, in the proportion of two ounces to twenty of boiling water. I have no experience with it; but such recommendations make it worthy of trial. I have seen an old woman's remedy of cinnamon boiled in milk act like a charm, when other medicine failed. Leeching or scarifying the cervix a day or two before the menstrual flux will relieve the local congestion and very materially lessen the bleeding.

During the intervals between the hemorrhages iron in some form is indicated; not given alone, but in combination with such medicines as lessen the congestion of the womb. For this object ergot and the Indian hemp sustain the greatest reputation. Digitalis and arsenic have many advocates, and so has ipecacuanha. All these remedies must be given in doses as large as can well be borne. A favorite mixture of my own, which, by the way, I often give in every kind of uterine engorgement, is—

℞. Tinct. ferridi chloridi
Acid. phosphorici dil.
Ext. ergotæ fluid. āā.fl.℥j.
Aquæ cinnamomi fl.℥v. M.

Sig.—One dessertspoonful after each meal, in a wineglassful of water.

If, by these means, the hemorrhage is not checked, then inject subcutaneously a hypodermic syringeful of the fluid extract of ergot, or an equivalent dose of a concentrated infusion of the powdered ergot. Should there be no response, then the physician may proceed in the usual way to tampon the vagina. He will, however, find it a far better practice to plug up the canal of the cervix; for not only will he thus least inconvenience the woman, and also more effectually control the existing hemorrhage, but, further, he will lessen the tendency to future ones. For this purpose squeeze into the os the largest sponge-tent possible. Or else, expose the cervix by a speculum, hook down the anterior lip, and then, with a sound, pack, little by little, into the os and cervical canal all that is possible of a long and narrow strip of lint. First dip the lint into a saturated solution of Monsel's salt, and also, for convenience of removal, leave a short tail outside of the os. Of these two methods, I much prefer the former; because, since some blood will always ooze out by the side of the sponge and through its substance, it can be kept in for two or three days without becoming fetid; and because it is a fact that whatever dilates the cervical canal of a womb containing a fibroid tends to lessen the frequency and duration of the hemorrhagic attacks. Repeatedly, after using a sponge-tent, either for diagnostic purposes or as a tampon, have I seen the hemorrhages much diminished for weeks and even months.

Let me advance a step further; for, to combat this most formidable of symptoms, to confront, what Homer calls, "the purple death," we must be armed at all points. A woman cannot be always kept tamponed, or for an indefinite length of time, and yet, when the tent is removed, she may bleed as badly as ever. Stretch open, now, the cervical canal by the dilator, and after introducing the slender nozzle of the uterine syringe between the open blades, inject into the uterine cavity one or two drachms of the tincture of iodine, or as much of a strong solution of Monsel's salt. Or else push up into the uterine cavity, as far as it can be made to go, a piece of lunar caustic weighing from five to ten grains, and let it dissolve there. Another way is to swab out the uterine cavity with fuming nitric acid, in the manner previously described. Any one of these plans is, for the time being, usually very efficacious. But supposing it fails; or the hemorrhage, after being arrested for a few days, returns with renewed violence. The canal of the cervix must now be so opened as to admit the index finger. This is done by incising the whole canal, either bilaterally with the hysterotome (Fig. 16), or at several

FIG. 16.

points with a probe-pointed and curved bistoury. In performing the latter operation, it is best to expose the cervix with a speculum, and to steady the anterior lip with the volsella. Whenever the cervix is thinned down to a mere rim, a strong pair of curved scissors will readily slit up the margin. In case the cervix is long and uneffaced, my own plan is to stretch the canal open by the dilator, and crowd into it a fagot of laminaria tents, before resorting to cutting instruments. My reason for this is, that, very commonly, after such a dilatation of the os, the further descent of the tumor prevents the opening from closing. The mode by which a permanent expansion of the canal controls the hemorrhagic tendency is not yet clearly understood. It is not the only empirical fact in medicine which has to be taken on trust. But experience teaches, that, after such an expansion, the hemorrhages often remain for months in abeyance.

Stripped of its power to bleed, a fibroid is shorn of much of its power to do harm; but there will remain for treatment pelvic pains, and vesical and rectal tenesmus. More commonly at the menstrual periods, but also at other times, the womb is excited to extrude the foreign body. These pelvic pains and these uterine colics will often tax one's skill and tact. Much can be gained from rest. Frequent warm baths may assuage the vesical and rectal irritation. Anodyne suppositories, either rectal or vaginal, always give much comfort. Two grains of the watery extract of opium will be enough for a rectal suppository; and one grain of morphia with two of the extract of belladonna, for a vaginal one. This method of giving anodynes is better than that by the mouth, which leads sooner or later to the habit of opium-eating.

To lessen the inconvenience arising from the weight and bulk of these tumors, various forms of pessary may be tried. But they are only available when these fibroids are small enough to move about pretty freely in the pelvic cavity. Whenever they are too bulky to sink down very low into the pelvis, or, having been artificially pushed up, the indication is to maintain them above the brim, external support must be resorted to. An elastic broad belt, stiffened by slips of whalebone, and kept in position by a perineal strap, will then give much comfort by relieving the pelvic viscera from pressure. I have been able to send on a jaunt through Europe a patient with a very large fibroid thus supported.

To check the growth of these tumors, it will be necessary to advise total abstinence from sexual intercourse, more or less of the recumbent posture, loose dresses, a somewhat sedentary life, and a spare but wholesome diet. Such medicines must be given as are known to lessen the flow of blood to the reproductive organs. This class of remedies comprises ergot, digitalis, cannabis indica, borax, cinnamon, and the bromide or the iodide of potassium. Every means must be used to prevent portal and pelvic congestion. With this object in view, the contents of the bowels must be kept soluble, and rest strictly enjoined before, during, and after the menstrual flux. Broken down constitutions fearlessly build up by vegetable and mineral tonics; by stimulants very exceptionally. All growths thrive best in a cachectic soil. By these means, and by those previously noted, the physician will very generally succeed in tiding his patient safely over the perils of the menstrual period of her life; and, the climacteric once reached, her future will thereafter be one of comparative comfort.

So large a measure of success cannot be promised of the radical treatment of these tumors. Hitherto very many different remedies have been tried, but with such indifferent success, that it would be a waste of time to enumerate them. The most feasible and rational plan is that proposed by Prof. Hildebrandt, of Königsburg (*Half-Yearly Abstract*, January, 1873, p. 248), which bids fair to prove of great value. He reports that he has successfully treated nine cases of fibroid tumors of the womb by daily injections of the aqueous extract of ergot under the skin around the umbilicus. By this treatment one fibroid, reaching above the navel, entirely disappeared. Another, which so filled the entire abdominal cavity as to press upon the false ribs, was much reduced in volume. In the other cases the

tumors were greatly diminished in size ; and in each one all the alarming symptoms, such as menorrhagia, metrorrhagia, leucorrhœa, and uterine colics, disappeared. The duration of the treatment was from two to four months, the daily injections being intermitted only during the catamenial period. In one case only did the toxic effects of the ergot compel a discontinuance of the treatment. For these injections, Prof. Hildebrandt uses an ordinary hypodermic syringeful of a solution containing three parts of ergotin to 7.5 parts each of glycerine and water. The mode of action of the ergotin in these cases was, probably, its property of contracting the uterine walls, whereby the nutrition of the tumor was interfered with. It is, therefore, very questionable whether any but interstitial and submucoid tumors can be acted upon. For the subperitoneal fibroid would be outside of the grasp of the uterine fibres. From this treatment so many successful cases have been reported in the journals (See Report on Obstetrics in the *Trans. State Med. Society of Pennsylvania*, for 1873, p. 86), and I have seen such good results from it, that I can confidently recommend its adoption. Headache, severe uterine pains, and a spurious hectic fever evinced the constitutional action of the ergot in the cases of which I have cognizance. The local effects of the injections were at first great pain and redness of the skin at the seat of puncture, and an occasional small abscess. The last, however, can be generally avoided by carrying the nozzle of the syringe deeply down to the level of the muscular parietes of the abdomen. As there is no standard preparation of ergotin at all trustworthy, I should recommend from ten to fifteen minims of the officinal fluid extract of ergot, diluted with enough of water to fill the hypodermic syringe ; or the same amount of a concentrated infusion of powdered ergot, of equivalent strength. Or else, Squibb's solution of ergot, which is double the strength of the officinal fluid extract, may be used. When the subcutaneous treatment cannot be borne, an enema of one, two, or three drachms of the officinal fluid extract, in an ounce of thin starch-water, may be given every night at bedtime. By inspissating the fluid extract by very moderate heat, large amounts can be incorporated with a rectal suppository.

Prof. Hildebrandt's method promises so large a measure of success, that it seems hardly worth while to advert to the surgical treatment of these tumors. Yet time may show that there are interstitial and submucoid fibroids not amenable to the hypodermic treatment. Of course all pedunculated submucous growths are to be treated like polypi. Before the appearance of Prof. H's article, there were reported several successful cases of enucleation of those fibroids by forcible traction with volsellæ and powerful supra-pubic expression, after the division of the capsule. But, more in accordance with nature and less rude, does a partly expectant plan seem to me, viz., after the incision into the capsule, to depend for the further extrusion of the fibroid upon the expulsive action of ergot, and upon repeated attempts with the finger at enucleation, resorting to avulsion only after the fibroid begins to project from the os, or to show other signs of commencing dislodgement.

The treatment by ergot may also in some cases so increase the peristaltic action of the uterine fibres, as to force an interstitial fibroid towards the abdominal cavity, where it becomes subperitoneal, and then loses much of its power to do harm. In this manner, also, an originally interstitial or submucous fibroid may be more and more forced into the uterine cavity, until it is converted into a fibroid polypus, which is amenable to surgical treatment. It is, however, doubtful whether an interstitial fibroid ever becomes polypoid, without first losing its muscular or mucous investment; that is to say, without the process of spontaneous enucleation. The simplest and safest method of effecting such an extrusion is to dilate the os by several incisions, and to keep up a persistent contraction of the uterine fibres by the continuous hypodermic use of ergot. If, however, there should be no disposition on the part of the fibroid to become polypoid, then may its capsule be divided. But not unless the case is an urgent one, the hemorrhage uncontrollable, the bulk-pressure unendurable.

(*To be Continued.*)

STRYCHNIA AS A MEDICINE AND A POISON.

BY DR. L. G. HARLEY,
Of Wooster, Ohio.

I have prescribed strychnia for a quarter of a century as an effective and favorite re-

medy in a great variety of cases; generally, however, in the neuroses. Perhaps my first triumph was in a case of chorea. After failing with other acknowledged remedies, I prescribed strychnia. My patient was an eight-year old little girl:—

℞.—Strychniæ, gr. $\frac{1}{60}$;
Quevenne's iron,
Sulph. quiniæ, āā gr. ½.

For one pill.

One to be taken morning, noon and evening.

My little patient improved rapidly, and in some two weeks from taking the strychnia was dismissed, cured.

I have since prescribed this remedy in appropriate doses in a number of other cases of the same disease, with like happy results. Where other medication was necessary, as for constipation, amenorrhœa, etc., it was, of course, prescribed. In hemicrania and the various cephalalgiæ, it almost always gives relief, and frequently cures.

Mrs. J. E., having resided in a malarious district for several years, was attacked with a singularly periodic diarrhœa, accompanied with terribly excruciating colicky pains, lasting sometimes two or three days. These attacks would come every three weeks, almost to a day. Her menstrual evacuation was normal. Her physician, after treating her a long time unsuccessfully, prescribed laudanum as a palliative, and abandoned the case. By and by her husband purchased a farm in my neighborhood, to which they removed, and in one of her attacks I was called on to prescribe for her, when I learned her history, as already given. Aside from the attacks every three weeks, her health seemed tolerably good. I regarded this case as one of those strange manifestations of malaria which occasionally annoy us, and are difficult to cure. I prescribed:—

℞.—Strychniæ, gr. $\frac{1}{20}$;
Quevenne's iron,
Sulph. quiniæ, āā gr. j.

For one pill.

One to be taken morning, noon and evening.

After this patient had taken my prescription two weeks, her father took a notion to consult a uroscopist, but before she took his medicine I was advised of it, and persuaded her to continue my prescription another week, and then, if she had another bad attack she might take the "water doctor's" medicine. She continued my treatment till the time arrived for her to have another attack, when it transpired that she was cured.

Miss H., a girl of some seventeen summers, was a case of facial paralysis. I prescribed Hall's solution, and within a month her face had assumed its normal condition. This was late in the fall, and when she recovered she had some of the medicine left. Finding this during house-cleaning the following spring, and being of an economical turn of mind, she thought she had better take the remainder than have it waste. She took the usual dose, and, its strength perhaps increased by evaporation, it threw her into a convulsion. I had an urgent call to see my patient again, but found her quite recovered, and probably somewhat wiser.

Mrs. G., an aged lady in my present location, had facial neuralgia, and was prescribed for for several months, receiving very little benefit, if any. I was called to see her, and gave her strychnia, iron and quinine, as already mentioned, and in a few days her pain had left her, and she again enjoys the luxury of health.

But strychnia has another phase—I mean its toxic influence—which should make us wary, indeed, in prescribing it; nor have we any reliable antidote.

In 1855, December 25th, I was called to see Mary ——, a little girl, eleven years old, and found her in terrible convulsions, the convulsions returning every few minutes, and yet the intellect clear. These convulsions were induced at any time by a sharp noise, or by touching her. A fire was burning on an old-style hearth, and the wood being of a "snapping" kind, would throw her into convulsions at every explosion. Touching her lips with a glass, to give her drink, would bring on a fit. I was intimately and pleasantly acquainted with this family, and therefore entirely unsuspicious of willful strychnia poisoning. I regarded these convulsions as the result of nervous irritation of some kind, and prescribed morphiæ sulphas in quarter-grain doses. This being ineffective, in half an hour I gave her half a grain of morphia, and this dose I repeated several times, at perhaps three-quarters of an hour intervals, thinking she might as well die of morphia as convulsions, knowing, however, I had an antidote if I poisoned her with the drug. In some three hours after I adopted this treatment her skin grew moist, then bathed in a profuse

sweat, and the convulsions subsided. I saw her next day convalescent.

This little girl was a step-daughter. My friend's first wife dying, he had but recently married her mother. The child had intermitting fever, and her mother had that morning given her a dose of quinine, and left another prepared in a spoon for her to take in two hours. Her mother and step-father then went to church, leaving the little girl and his two boys at home. The boys—and they were but little fellows, though manly—thought that within fifteen minutes after she took the second dose of quinine she had fits. One of these boys got on a horse and went about four miles after their parents, while the other staid at home and did the best he could for his step-sister. This last dose was probably taken about 10 o'clock A. M., and I saw the little girl about 2 o'clock P. M. In 1856, August 20th, some eight months after the little girl had convulsions, her step-father prepared a dose of calomel for his wife, she having diarrhœa, so he told me. This calomel was to be taken after dinner, and it was so arranged that no one would be at home but the victim, the children being at school, and the husband off with a load of produce to market. But a neighbor woman called to spend the afternoon with the mother of my former little patient. Mrs. —— had first taken her calomel, and was putting things to rights after dinner, when she remarked to her caller, "Why, I feel so queer; O, if I only hadn't taken that medicine —— gave me," immediately going into terrible convulsions, and dying within an hour. Her husband was arrested, and after a preliminary trial was committed to jail on a charge of murder. The grand jury found a true bill, when he borrowed the sheriff's razor to shave himself, and effectually cut his throat. On this man's trial before the justice of the peace, it was found that on the Thursday preceding the Sunday on which the little girl had convulsions, he had purchased a drachm of strychnia "to kill rats with."

Strychnia may prove fatal in various ways: by wearing out the nervous system, by either suppressing respiration or the action of the heart, or its deleterious influence may be exerted on all these functions at the same time, and of course is. But the drug is rapidly eliminated from the system, and therefore, to suspend the convulsions is probably to save our patient. Hence, when chloroform was the only remedy Dr. Dresbach had when call to see his patient, who had swallowed three grains of strychnia, it was, in all probability, the very best thing he could have had. This case of Dr. Dresbach no doubt originated the idea with Charles Read, in his "Very Hard Cash," of making Dr. Sampson chloroform Maxley.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.—CLINIC ON DISEASES OF WOMEN.

BY PROF. T. G. THOMAS.

December 12th, 1873.

Gentlemen.—To-day I furnish the report of the case of ovarian tumor brought before you three weeks ago. You may recollect I withdrew some of the fluid with a hypodermic, and found it to be clear. Last Saturday, at the Woman's Hospital, I removed from this patient a tumor weighing thirty pounds, and another diseased ovary the size of a hen's egg. This smaller diseased ovary contained several cysts, one much larger than the others, and in a year or so it would have given her a deal of trouble. The method of operating was to cut down on the tumor, introduce a sound and separate any adhesions (the tumor in this case had very extensive attachments), seize the cyst, evacuate it with the hollow trocar, and remove the collapsed cyst. In this case the omentum had to be detached from the wall of the cyst after it was taken out of the abdomen. The pedicle was then secured in a clamp and a glass tube inserted into the abdominal cavity, then the wound sewed up.

This tube is of glass, about four inches long and half an inch in diameter, slightly curved. It is carried down behind the uterus, into Douglas' cul de sac, and the sutures in the abdominal wound are so applied as to tightly embrace it. In this case, before the operation the bloody serum was welling out of the wound, and we estimated that from it came eight or twelve ounces of fluid.

Within twenty-four hours the abdomen was washed out with a basin of water containing from a dessertspoonful to a tablespoonful of salt, and enough of carbolic acid to give it a slight smokish taste. The manner of proceeding is this: elevate the head of the bed so as to cause all fluids to draw towards the lower part of the abdominal cavity; then draw up the tube slightly, and into it insert a gum elastic catheter with its end cut off. Pump into this catheter, by means of a Davidson's syringe, the medicated water, and it will pour out through the glass tube. This washing out has to be done once or twice in twenty-four hours. From the time of the operation up to the present there has

been no untoward symptoms. The temperature never rising above 101.2-10° Fahr. To-day the tube was removed, and I consider her now free from all danger.

In respect to the use of the drainage tube, I consider it a most important item in treatment; I have used it in the last fifteen or twenty cases, and am very well satisfied with the results. In this last case, for instance, the twelve or fifteen ounces of fluid which came away after operation might have been absorbed, but on the other hand it would have been very likely to have caused septicæmia. Every man is tempted to improve on his present method, and sometimes yielding to this is not judicious. I thought to improve on the present tube, by making perforations around the side of it. I used it in one case and found the patient, after a few days, complain of a sensation of dragging down of the intestines. I first supposed this to be either neuralgic or hysterical. However, I tried to withdraw the tube and found it retained in the abdominal cavity; by making sufficiently strong traction I got it out, and found that the omentum had got into the perforations of the tube, and formed minute herniæ; in some cases nearly strangulated. Should such a thing take place into the lower orifice now, the daily washing out would free it and keep it so.

In ovariotomy the cause of death is, as a rule, not what we should expect. I mean peritonitis. Out of forty cases only two died of peritonitis. I do not mean that there were only two deaths; I think there were thirteen or fourteen; but in only two of them was peritonitis the cause. In the rest septicæmia was the most common trouble.

Anteflexion.

Mrs. B., aged 34, married eight years, sterile. For the last two years has complained of constant backache and pelvic pain and dysmenorrhœa, continuing nearly through the whole of the month. This is a case that will meet you constantly in practice, and it is very important that you appreciate the true condition of affairs.

Vaginal Examination.—When the finger is carried up a long cervix is found projecting down into the vagina, and on passing this anteriorly the finger meets an obstruction which moves with the uterus; by pressing down through the abdominal walls with the other finger we get this mass to be about the size of the fundus of the uterus. When she is turned on her side and a speculum introduced, the sound is found to enter the tumor, showing it to be the uterus in a state of anteflexion. When this patient menstruates the usual anteflexion is increased, and for this reason the uterus is engorged with blood, and its extra weight weighs it down, giving rise to a state of chronic congestion. In this way the dysmenorrhœa is so long and so severe.

The sterility is due to another cause, and this is the conical cervix. It seems that the seminal fluid collects around the cervix but does not enter the os. It happens that after many years, as if by accident, conception does take place; then other conceptions follow. Again, after the cervix is divided conceptions occur.

The prognosis would be that after three months of proper treatment the patient would be cured, but this must be systematic, and carried on in a hospital. The patient objects to go to the hospital, and would rather be treated here, so it follows that the prognosis will not be by any means so satisfactory, and will very likely result in what is called chronic metritis, though it is in reality a hyperplasia of the organ.

When the uterus is erect there is no trouble, but when it is flexed the circulation is interfered with, the arteries act but the veins are obstructed; it is this that will cause the hyperplasia.

Treatment.—By dividing the cervix the obstruction will be got over; then adapting an anteflexion pessary all trouble would be got rid of; but it would be necessary, to obtain a satisfactory result, to put the patient in bed for a time. But patients that frequent clinics are not in a condition to comply with this.

Partial Prolapse of Uterus, with Retroversion.

Mrs. L., aged 33, married, has six children, the youngest being twenty-two months old. For the last eight months has been complaining of a great weight in the lower part of the abdomen, both in front and at the back. This has been so severe that she is nearly unable to walk. She does not have much leucorrhœa. But does have a good deal of pain about the menstrual periods.

Vaginal Examination.—When the finger is carried up the vagina anteriorly it meets the cervix at the distance of one phalanx from the vulva. Posteriorly we find a large tumor, the fundus of the uterus, which shows us that the organ is retroflexed. The internal measurement is three inches. The perinæum is nearly gone. When at the bedside you meet a case like this don't annoy yourself and the patient by making a minute diagnosis of unimportant matters as many do. What you want, and indeed what the patient wants, is that the cause of the present symptoms be made out and relieved. She will appreciate this much more than elaborate minutiæ indirectly connected with the case. Gynæcology has not reached the scientific accuracy of ophthalmology as yet, and for this reason a number of different opinions may be given by an equal number of experienced gynæcologists. In this case one might say that there is here hyperplasia of the organ, another endometritis, and so on, but what is of marked importance is that whatever it is it may be cured.

The origin of it, in all probability, was a puerperal endometritis, as the patient tells us she was in bed three weeks. This endometritis resulted in subinvolution, and as the perinæum is gone the heavy organ falls down, and with its descent and mal-position increases its congestion. A very important

question arises; can cases of this kind be completely cured? I don't think so. I question whether this one will be entirely cured. But she may be very greatly relieved. How is this to be done? Put the uterus in its place and keep it so. Any tyro might say there could be but little doubt in those indications. The question is how is this to be done? To those who say they do not use pessaries, it is a very grave, if not an impossible matter, and the treatment of the case is fraught with much that is disagreeable both to physician and patient. But by the way I shall indicate this has not to be contended with, at all events to the same extent. The uterus is first replaced in normal position by pressing up the fundus, and then a tampon of cotton saturated with glycerine is placed in the former site of the displacement, so that the organ in this manner is kept up. This tampon is to be changed once in twenty-four hours, for a week or ten days, and the patient is to be kept in bed. At the end of this time the tampon may be removed, and a Cutter's pessary may be applied. About this time, in all probability, the patient will think herself cured, and the chances are that from a desire to economize on medical attendance you will see her no more.

In the case before us this method of treatment will be advised, and if possible, carried out. At the present time it would be of no service to close the perinæum, for were it done the perinæum would not be strong enough to support the present weighty organ. At the end of three or four months, if the organ has regained its proper weight and size, the pessary may be removed and the perinæum operated on.

As far as medical treatment is concerned I think I should advise the use of ergot in small doses, and this not for a week or a month, but for a year or so.

Hildebrand, a German observer, has brought the continued use of this remedy forward in the treatment of fibroids of the uterus. From his observations it appears to have a decided influence in reducing the organ to its proper size, and when fibroids exist to cause them to disappear. If ergot will reduce this enlarged uterus to its normal condition, it will do just what we want it to. There is no danger to be feared of its producing the disease that is brought on by food made from ergotized rye.

Editorial Department.

Periscope.

Domestic Remedies.

Mr. Brady, President of the British Pharmaceutical Conference, in his opening address said:—

"We are possibly too apt to search at a distance for medicaments, to the neglect of many within easy reach of our own doors. I suppose it was always so, for did not Gerarde write thus of the virtues of the golden rod two or three centuries ago:—

"It hath in times past been had in greater estimation and regard than in these dayes; for in my remembrance I have knowne the dry herbe which came from beyond the sea sold in Bucklers Bury, in London, for halfe a crowne an ounce. But since it was found in Hampstead wood, euen as it were at our townes end, no man will give halfe a crown for an hundredweight of it; which plainly setteth forth our inconstancie and sudden mutabilitie, esteeming no longer of anything, how pretious soeuer it be, than whilst it is strange and rare. This verifieth our English prouerbe, Far fetcht and deare bought is best for ladies."

Professor Christison corrected this tendency in one remarkable instance by the re-introduction of our common male fern (*Aspidium Filix-mas*), in place of the foreign remedies for tapeworm which were so popular a few years ago, and it would be easy to point to many other indigenous plants that have more recently received the testimony of medical authority in their favor. For example, the rhizome of the bog-bean (*Menyanthes trifoliata*) has been stated to be in many respects superior to the root of its ally, the officinal gentian, and the dried leaves of the common raspberry (*Rubus Idœus*), used in some parts of the country in domestic practice in place of ergot, yield by no means the inert infusion that might be expected. The use of the expressed juice of the common periwinkle (*Vinca minor*) in uterine hemorrhage, of the rhizome of the couchgrass (*Triticum repens*) in irritable bladder, of the red clover (*Trifolium pratense*) in hay fever, of one of our brown seaweeds (*Fucus vesiculosis*) in obesity, of a species of bed-straw (*Galium aparine*) in some cutaneous affections, of the rhizome of the burdock (*Lappa minor*) in syphilitic eruptions, have all given results that, if not sufficient to establish the claims made for them, at least show a *prima facie* case in their favor. The last-named is but one instance out of several in which an indigenous British plant is officinal in the United States Pharmacopœia and not in our own. A Russian physiologist recently observed that the alcoholic extract of our common

hound's-tongue (*Cynoglossum officinale*) had all the properties of curare, and though a series of experiments made a year or two ago, in conjunction with my friend, Professor M. Foster, by no means confirmed the statement, they showed that the plant had nevertheless certain very peculiar effects on the nervous system, which further research might utilize. I name these but as examples of a large number that might be selected from our native flora.

Ringworm in Children.

Dr. Fox, in the *Lancet*, recommends that whenever a child is brought to the practitioner for his advice on account of the presence of what seem to be scurfy-looking places on the head, if these are small, and the general surface of the scalp is healthy, they are to be inspected for ringworm. A careful search should be made for broken-off hairs, and these or the scales, and any attached hairs, should be submitted to microscopic examination for fungus elements in them. In cases of chronic ringworm, all merely scurfy patches should be carefully examined, for a solitary piece of dead hair lodged in the follicle may explain the mischief, as it is generally loaded with fungus elements, which are rapidly sown broadcast to re-light up the old mischief if parasiticide treatment is abandoned. Such ill-developed cases of ringworm, as before observed, may be the source of infection to many a child in public institutions and schools.

The treatment of these cases consists in very carefully getting away every particle of scaliness, and fully epilating the scurfy area, and applying any simple parasiticide until the hair grows healthily again; epilation being repeated to get rid of all short, dull, and opaque-looking hairs.

Dr. Duckworth has recently called attention to the effect of chloroform in rendering diseased hairs in ringworm opaque; but it will be evident that this effect will not be marked where only two or three short hairs are present, whilst the test will be of no value where there are only diseased pieces of hair filling up the follicles and not projecting above the level of the latter.

The Action of Alcohol on Warm-Blooded Animals.

A paper on this subject was read by Dr. Binz, of Bonn, at the British Association for the advancement of Science, who related the details of a number of experiments performed by him, which went to show that one important effect of alcohol upon the human frame is to diminish the temperature to the extent of from three to five degrees Fahrenheit, this effect being produced by the action of the alcohol on the heart, causing more blood to circulate through the vessels of the skin, which are dilated, and thus a larger quantity of blood is cooled down. The alleged heat of the organism from alcohol, he said, does not exist. The subjective impression is, at least partially, the consequence of an irritation of the nerves of the stomach and of the enlargement of the vessels arising in the skin. When given in small quantities, the thermometer shows no extraordinary increase or decrease of the temperature of the blood; moderate doses, which need not lead to drunkenness, show a distinct decrease of about half an hour's duration or more; and strong inebriating quantities evince a still more decided lowering, lasting several hours. The decrease after moderate doses takes place most successfully in warm-blooded animals which have not for some time previously had alcohol administered. Dr. Binz injected under the skin of rabbits or dogs about a cubic centimeter of ichor, which in a short time produced death; but not so if, with the ichor, alcohol diluted with water was administered either by the stomach or the skin. In the latter case the animal was quite lively and took kindly to its food; so that alcohol need not, he contended, be a narcotic. His experiments, he said, showed a threefold action; the diminution of the heat of the body, reduction of the putrid processes, and raising of the action of the heart. Alcohol was more than a simple stimulant; it was a strong antipyretic and an equally powerful antiseptic. It was *a priori* to be expected that alcohol would not be without its influence on the metamorphosis of tissues. An agent that, consumed in large doses, clearly lowered the combustion, must also be supposed to decrease the urea and the carbonic acid; and this was in reality the case.

On Hereditary Transmission.

The *Dictionnaire de Medicine et de Chirurgie* has an interesting article on this subject, by M. Voisin. He pronounces decisively against the idea that consanguineous marriages have any influence *per se* in producing idiocy, insanity, or epilepsy. From inquiries he has himself made in regard to the parentage of 1557 insane and idiotic patients in the great asylums of the Bicêtre and of the Salpêtrière, he has been unable to refer the condition of the patient in any one instance, to parental consanguinity. M. Voisin, of course, freely admits that the marriage of blood relations, in whom there is any strong tendency to disease or vice of conformation, is likely to perpetuate and intensify such condition. The evidence on this head is overwhelming, and our readers who are interested in this subject may refer to the paper by Dr. J. Ogle, published in a recent number of the *Medico-Chirugical Review*, which is duly quoted in the excellent bibliography of this article. M. Voisin passes in review the various diseases that are known to be propagated from father or mother to child. And first of insanity. Burrows admits insanity to be hereditary in one-seventh of all cases. Esquirol found in 1375 insane patients 337 cases of heredi-

tary transmission. Parchappe found the proportion to be 12 per cent.; Guislain 25 per cent.; Griesinger, who only considers those cases to be truly hereditary in which one of the parents was insane at the time of procreation, reduces the number to 5 or 6 per cent. The close relation of extraordinary talents with defective mental organization in other members of the same family is strongly dwelt upon by M. Voisin, who mentions in illustration of the fact that he is himself acquainted with a painter of unusual ability, having two idiots and an insane boy for brothers. The other diseases he mentions are epilepsy, hysteria, catalepsy, hypochondria, chorea, idiocy and imbecility, general paralysis, cerebral apoplexy, locomotor ataxy, certain neuralgias, asthma, scrofula, tubercle, arthritis, cancer, syphilis, gout and goitre.

On Simple Vertigo.

In the *British Medical Journal*, Dr. T. CLIFFORD ALLBUTT cites a number of cases of this character, of which we quote two, with his remarks:—

Mr. J. B., aged 46, a healthy farmer, of temperate habits and comfortable circumstances, was sent to me by Mr. Bramley, of Halifax. This was a very bad case. The dizziness had commenced suddenly and continued, and often attacked him most severely. He often had to take a cab in the streets and go home. Like many others of these patients, he suffered from the great mental depression caused by the unfounded suspicion of drunkenness to which his gait gave rise. At one time the dizziness was so bad that he had to stay altogether in bed. He had some headache and lifting pains at the vertex. His general health and physical state were good. I did him no good, and Mr. Bramley told me some months later that he was no better, and had left him for other advisers.

Mr. R. P., a tradesman in very large business in Wakefield, has suffered from vertigo for eighteen months, which agrees in all its phenomena and conditions with that above described. He is a spare, nervous man, and belongs to a highly neurotic family, in which are both epilepsy and insanity. He has himself had severe *migraine* in past years. His age is now 35.

I could add the notes of fifteen more cases, at least, to the above. The affection, whatever it be, is very constant in its characters: it is not flushing, like the head-swimming of women who have disordered or suppressed menstruation; and it does not seem to depend upon vascular changes. I have questioned all my patients very closely as to the kind of dizziness—whether they themselves seem to spin round, or external objects to spin round them, etc. The same person, however, will give different replies, and the description of the vertigo seems to vary with its degree. When very bad, patients will say that the ground seems to rise up under their feet. I fancy the sensation closely resembles that of alcoholic intoxication. My own impression is, that the affection is one of the cerebellum, or of the great basal ganglia near it. I cannot find any evidence of its belonging to dyspepsia, as was supposed by Trousseau, who has given the only good account of the malady which I have seen; nor is it generally relieved by anti-dyspeptic remedies. Like *migraine*, it offers very great resistance to treatment. Trousseau's plan of giving alkaline powders after meals, and bitters between meals, has answered in a few of my cases; but I have not been led to any great faith in it. The most potent remedies are two: first, complete change of scene and removal of all causes of nervous depression; and secondly, Turkish baths. The first remedy is the best. A continental tour, a moor in Scotland, a fishing hut on the Tweed, are the means for the wealthy, and will probably succeed well. Turkish baths I have also found of great value in every case for which I have been able to try them. Of drugs, strychnia is the only one which has helped me much, and it rarely fails to be of some use. Galvanism I have not tried; but I intend to test the value of the continuous current applied to the occipital and cervical regions. Happily, the affection does not seem to point to any approaching cerebral disease, which these patients often dread; and it tends to wear itself out in times which vary from a few weeks to two or three years. It not unfrequently, however, reappears after a time. Nearly all the patients who have consulted me have had leeches, blisters, etc., and brisk purges at the commencement of their illness; but all have assured me that such measures did them more harm than good.

A Case of Acute Phthisis.

The following narrative is given by Dr. PEYTON BLAKISTON, in the London *Medical Times and Gazette*:—

A very unpleasant occurrence once took place in consequence of a misinterpretation of the physical signs and the want of caution in the medical attendant, and I give it as a warning: I was called to see a young lady, in consultation with another physician and a general practitioner. They told me they had repeatedly examined her chest without discovering any marked signs of disease. Her face was puffy, her lips purple, and she was suffering from intense dyspnœa and constant dry, hacking cough. Her pulse was very feeble, 130. She had rapidly lost flesh, and was restless, irritable, feverish, and very weak. All that could be discovered by auscultation was here and there a slight cooing sound and a trace of very fine crepitation, but no absolute dullness of one part as compared with another, and there were no morbid cardiac sounds. I pointed out to the medical attendants that the absence of physical signs of any ordinary disease of the lungs or heart, coupled with the existence of general signs of great pulmonary derangement, clearly pointed to

the existence of some extraordinary disease, which could be none other than acute phthisis, the lungs being stuffed with innumerable unsoftened miliary tubercles and gray granulations, and that she had only a few days to live. After our consultation the brother of the patient came in, and asked me, among other questions, whether I considered his sister to be in any danger, to which I replied that I considered her to be in the greatest danger; and, turning to Dr. A., said, "That is our opinion, is it not?" Upon his replying in the affirmative, the brother turned round savagely upon him, and said, "Good heavens! Dr. A., how could you tell me only this morning that there was no danger?" The scene that followed may be better imagined than described. It was no discredit to Dr. A. that he should have failed to discover the nature of the disease, which was one of such extreme rarity that in all probability he had never seen it; but it was very incautious in him to have stated there was no danger, when the general signs indicated the existence of some serious and obscure affection.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Vermont Medical Journal*, a bimonthly, commenced on Jan. 1, 1874. It will contain entirely original articles in every branch of medical science. No selections from other journals are made. It will be devoted to the interests of the profession of Vermont, giving Vermont medical news.

BOOK NOTICES.

Half-hour Recreations in Popular Science, No 9. The Stone Age, past and present. By E. B. Tyler. Theory of a Nervous Ether, by Dr. Richardson, F. R. S.

Half-hour Recreations in Natural History. Insects of the Garden, by A. S. Packard, Jr. Boston: Estes & Lauriat. Price 25 cents. For sale by Claxton, Remsen & Haffelfinger, Philadelphia.

These entertaining essays should command a wide circle of readers. They are on topics of much interest, and by writers of acknowledged ability. Medical readers will naturally turn first to Dr. Richardson's exhibit of his theory of a nervous ether. It is in his usual admirable style, and his arguments are almost convincing. It is not the first of the dreams of Van Helmont which has assumed a scientific form. That strange genius, like Swedenborg, caught half-glimpses of many truths concealed from his contemporaries.

The article by Mr. Packard is instructive and embellished with a beautifully colored lithograph of several of our familiar insect friends.

Clinical Researches in Electro-Surgery. By A. D. Rockwell, A. M., M. D., etc., and Geo. M. Beard, A. M., M. D., etc. New York: Wm. Wood & Co. 1873. 1 vol., 12mo, cloth, pp. 72.

The substance of this work has already appeared in a medical periodical (a fact, by the way, which ought to have been stated in the preface), and as it is concerned with a subject on which there is a growing interest, it was well to present the facts in the form of a volume. The authors are well known as energetic investigators in the field of electro-therapeutics, and their opinions command respect.

The two chapters into which the book is divided are taken up respectively with the application of electricity to the treatment of tumors, and of skin diseases. Numerous cases are presented, and the results speak well for the procedures of electro-surgery. The histories are given with great fairness, and no more seems claimed for the agent employed than the facts justify. Readers will find it worth their while to own the volume.

Clinical Notes on the Electro-Cautery in Uterine Surgery. By J. Byrne, M. D., M. R. C. S. E., etc. New York: William Wood & Co. 1873. cloth, 8vo, pp. 68.

The operations in which Dr. Byrne recommends the electric cautery are, in cancers of the os, in catarrhal, inflammatory and ulcerative affections of the cervical canal, for fibrous and fibroid tumors, for deep ulcerations of the os and cervix, vascular tumors, granular urethritis, lipoma, etc. The results, especially in the thirty cases of malignant disease which he reports, are such as to give a very favorable impression of the method he advocates. A full description of the instruments and apparatus he employs is presented, and also the history of a number of cases. The work merits a careful perusal.

MEDICAL AND SURGICAL REPORTER.

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D. G. BRINTON, M.D., Editor.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

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The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

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Philadelphia.

THE NEW VIEWS ABOUT MARRIAGE.

The objection has often been made to the theories of natural selection and evolution, that they do not apply to the human race. However true they may be among lower animals, notoriously among men the race is not to the swift, nor the battle to the strong, at least in most of the races and battles in which civilized men are engaged.

But a new view of selection has found its advocates. If natural selection has been the law of the past and the lower animals and races of man, *intelligent* selection is to be the guide and governor of future generations. The question at the root of this matter is a medical one, none more so, and we are glad to have a chance to approach it roundly under the favor of various discussions and statements in recent foreign journals.

If the race is to improve through intelligent selection, that selection must be exerted primarily in the choice of a spouse; not by the male alone, but by both parties to the contract of marriage. Moreover, physical unfitness discovered or developed after marriage must be provided against. This contemplates a profound alteration in the customs of social life and the laws of divorce.

All this is approached with an entire absence of English timidity on such topics, by Mr. George Darwin, in a late number of the *Contemporary Review*. We quote some passages from his essay to show the position he assumes:—

"Simultaneously with the diffusion of the belief in the truth of the doctrine of heredity, will come the recognition that it is as much a duty to transmit to the rising generation vigorous minds and bodies, as to hand down to them a firmly constituted society and government, to which latter point attention has hitherto been almost exclusively directed."

How is this to be accomplished? How does he propose to overturn the ancient traditions of love, of the sacrament of mar-

riage, of the permanence of the bond? Hear him.

"We can only make a really successful attack by compelling the production, before marriage, of a clean bill of health in the party, and ultimately in his parents and ancestors. Syphilis would have to be included, in case, as is only too likely, medical science and other preventive legislation should fail in depriving it of its hereditary character, or in confining its ravages to small limits."

"The ultimate restrictions to liberty of marriage would be; 1. Divorce on the appearance of certain diseases; 2. the passing of a medical examination for this same class of diseases; and 3. the production of an untainted pedigree. The medical examination might in some respects be modeled on that in force in Germany for military service, where a man is not ultimately rejected until he has been refused in three successive years. Could such legislation come into force, coupled with some such scheme as that proposed by Mr. Galton, not only might 'a cubit be added to our stature,' but the capacity for happiness in the world might be largely augmented, by the destruction of that most potent cause of unhappiness, ill health; several years might be added to human life, our ability for work and mental power immensely increased, and the coming race might end by becoming as much superior to ourselves in mind and body as the race-horse is superior in form to a shaggy pony." * * * * * * *

This plan Mr. DARWIN does not hope to realize at once. People must be educated up to it. We foresee a wide field for usefulness for female examining physicians in medical inspection of brides, for even the most enthusiastic evolutionist would hardly care to entrust this delicate matter to his family physician. *Ce serait trop savoir.*

But Mr. DARWIN is not by any means the first in the field with these suggestions.

The "Institutes" of Manu, the great lawgiver who is the Moses of the Hindoos, warn young men against marrying into ten kinds of families: the irreligious, that which has produced no male children, that in which the Veda has not been read, that which has thick hair on the body, and those subject to hemorrhoids, to phthisis, dyspepsia, epilepsy, leprosy, or elephantiasis. As the Brahmins consider all present misfortune as a penance for sin committed in the present or in some past state of existence, so they ascribe leprosy as the penalty for one who steals clothes. This is a vestige of the idea that wearing another person's clothes might be contagious.

But modern extravagance and ancient superstition apart, there are good reasons why the wife should be given greater scope of selection than she now enjoys, if it in any way can be accomplished. What a fearful picture is that drawn by M. VOISIN in one of his latest studies on the effect of drunkenness on conception!

As the result of seventeen cases which were fully examined it would appear that wine, brandy, and absinthe exercise an almost identical influence upon the products of conception. Epilepsy, convulsions in childhood, and chronic myelitis are the possible consequences of conception during drunkenness, whatever the intoxicating agent may be.

In eighteen cases of conception during chronic alcoholism, without drunkenness, observed, there were born eight idiots and ten epileptics.

Of the eight idiots, four were the issue of fathers who indulged in wine, two of brandy drinkers, and two had mothers who drank brandy.

Of the ten epileptic children, five had fathers who drank brandy and wine, three who consumed only wine, and two who intoxicated themselves by absinthe.

With such an array of results before us, the most urgent step toward natural selection just now, is either for men to check increasing drunkenness or else to protect wives in their control over their own bodies.

—A Western editor recently startled his readers with the question, "Does one woman in fifty fill the lower half of her lungs with air."

Notes and Comments.

Therapeutical Notes.

HYOSCYAMINE IN TREMOR.

Dr. Oulmont finds hyoscyamine very effective in mercurial and senile tremor. Of six patients suffering from mercurial tremor one was cured and two improved.

SULPHATE OF ZINC IN NEURALGIA OF THE TESTIS.

Dr. Lazarus states that chronic dyspepsia, and also long abstinence from sexual intercourse, in consequence of debility of the virile powers, may give rise to neuralgia of the testis. He has had remarkable success, in many obstinate cases, by the internal administration of sulphate of zinc three times a day. He has also injected hypodermically behind the scrotum a solution of the same salt with success.

CHLORATE OF POTASH IN CANCER.

Dr. Burow, of Berlin, has been trying the effect of sprinking chlorate of potassa, either in powder or crystals, on cancerous ulcerations. Some Italian surgeons have previously tried this; also, they have employed the drug in uterine cancer in strong solutions. Burow is of opinion that the remedy causes a diminution and shrinkage of the villosities, resorption of neighboring ulcerations, diminution of the secretion, and lessening of pain. Whether a cure can result, he says, has not yet been decided.

GALVANIZATION OF THE VAGUS IN ANGINA PECTORIS.

Dr. Huebner, in the *Archiv fur Klinische Medicin*, December, 1873, maintains that angina pectoris is a pure neurosis, and has had excellent results from galvanization of the vagus with a weak current, the attacks ceasing instantly.

NEW TREATMENT OF CYANOSIS.

Cyanosis, according to Dr. Foster, of Dublin, can be treated "with surprising success," by peroxide of hydrogen, the cyanotic appearance rapidly vanishing and the temperature rising.

VEHICLE FOR HYPODERMIC INJECTIONS.

Dr. Luton recommends laurel water, *aqua laurocerasi*, as the best vehicle for the hypodermic injection of morphia and atropia. It increases their action, preserves them well, lessens the pain of the operation, and has no unpleasant effects.

ERYSIPELAS.

Dr. Kaczorowski recommends erysipelatous inflammation to be painted every three hours with

℞.	Carbolic acid,	1 part.
	Oil of turpentine,	10 parts. M.

and the surrounding healthy parts to be rubbed with it; then the whole covered with solution of acetate of lead, in compresses, and cold water dressing. At first the appearances of the parts are aggravated, but in twenty-four or forty-eight hours the epidermis dries up and heals. Internally he prescribes lemonade or chlorate of potash solution.

The Question of Alcoholic Drinks.

The controversy as to the effect of alcoholic beverages shows no signs of settlement. The ardor in testing the question by personal experiment, so wide-spread in the community, though highly creditable to its devotion to science, has as yet decided nothing. The opinions of Dr. Haeck, of Brussels, a recent student of the question, are these:—

Chronic diseases, noticed in so great a number of habitual consumers of alcoholic drinks, have not originated from the normal stimulant contained in these drinks; these diseases arise from the irritant and depressing action produced progressively by the hurtful elements so characteristic of imperfect beverages; drunkenness is one of these diseases. Hence all wines and beers ought, according to this author, after undergoing the alcoholic fermentation, to be freed from the hurtful elements contained in their early state.

According to Dr. Haeck, this gives the clue to the debate so long continued between the partisans and enemies of alcoholic drinks. The former, or consumers, cannot and will not see in alcoholic drinks any effects but beneficial effects, without wishing to recognize the injurious ones. The others, or adversaries, will not and cannot see in alcoholic drinks aught but their injurious effects, and do not wish to recognize their good effects.

The Effects of Tea.

The effects of tea on the human system are, first, stimulant and then narcotic, according to the strength of the beverage. In moderation tea is an excellent diluent; it promotes digestion, and stimulates the renal

glands. The constant use of tea, however, in large quantities, especially by persons living on a poor vegetable diet, is not favorable to physical strength or nervous energy; and to persons engaged in sedentary employments, and imperfectly alimented, the frequent imbibing of tannin (for tea contains about 40 per cent.), has a decided and manifest pernicious effect. How far the excessive use of strong tea in China, by alternately elevating and depressing the nervous system, may have led to the craving desire for opium as a counter-stimulant, is deserving of consideration.

Dr. Adam Smith, in a paper read a few years ago before the Society of Arts, recommends the use of tea in the following cases: After a full meal, when the system is oppressed; for the corpulent and the old; for hot climates, and especially for those who, living there, eat freely, or drink milk or alcohol; in cases of suspended animation; for soldiers who, in time of peace, take too much food in relation to the waste proceeding in the body; and for soldiers and others marching in hot climates.

A Plea for Horse-Steaks.

Dr. Ducroix, the genial editor of *L'Abeille Medicale*, says, in a recent issue:—

"Subsequent to a discussion I lately had on hippophagy with some Americans and English, it was decided that a dinner of horse-flesh should take place at my house on Sunday, November 23d. This is the *menu potage*, of horse-flesh; *Bouilli* of horse, sausage of horse, *cheval a la mode*, stewed horse-tongue, potatoes fried in horse fat, roast horse, *salade a l'huile de cheval*, potato fritters *a la graisse de cheval*. No fish and no poultry.

"Among the guests were several English and American ladies, who, being quite edified now by their own experience, intend to contribute, as my friends, Dr. Bowditch, of Boston, and Mr. S. A. Bicknell, of London, have already done, toward the propagation in their own country of a healthy, economical, and very nourishing article of food. I am very anxious that their example should be followed by their fellow-countrymen. Is it not sad to waste such large quantities of food, when so many poor and so many laborers are deprived of the necessaries of life. We appeal to the generous feelings of the English and United States Press to overcome the prejudice that exists against this new food."

Hallucinations and Illusions.

A very interesting discussion on these matters took place at a late meeting of the British Medico-Psychological Association. Dr. Wilks distinguishes between these terms as subjective and objective. For example, if in an amputated leg the nerve in any part is irritated, and the patient becomes conscious of his toes being touched, this feeling is not subjective, but would be if the sensorium were impressed with such an idea when no irritation of the nerve had been induced. If one could draw a distinct line between the nerve which enters a gray centre and the centre itself, that line would mark the division between the objective and subjective sensation, according as the gray centre was impressed through the nerve or independently of it. It is related of Goethe, who was the first to propound the opinion that all the parts of the flower, its sepals, petals, etc., were modified leaves, that he could, by an effort of will, produce a vision of the flower undergoing this development.

Camphorein.

During the cholera epidemic in Vienna the doctors of the various cholera hospitals used, "with great success," a new remedy called "Camphorein." It is prepared simply by the induction of chlorine gas into pure turpentine oil until saturated; it gives a thick heavy oily fluid of brown color, with a strong smell of chlorine. It must be freed from muriatic acid, which may be done by washing with water. The remedy is applied by placing a portion into a flat vessel and holding it to the patient to inhale. This indicates that oil of turpentine is the best absorbent of chlorine gas, and therefore can be employed with advantage in operations and other cases where chlorine is evaporated in large quantities. Inasmuch as the mortality from cholera at Vienna was 55 per cent. of the cases, such "great success" is rather alarming.

A Learned Critic.

The London *Lancet*, of November 29th, takes the following remarkable notice of the last volume of the *Transactions of the State Medical Society of Pennsylvania*,

which, as usual, has appended the Code of Ethics:—

"The Medical Society of the State of Pennsylvania have issued a voluminous code of medical ethics, for the guidance of the profession in the far west. The duties of physicians to their patients, and the obligations of the latter to their physicians, are set forth in a beautiful and Utopian manner, that would have charmed the venerable old Quaker who founded the State."

A Mercantile View of Drugs.

The *Chemist and Druggist* says that:—

"Dr. Cook read a paper before the Liverpool Chemists' Association, sharply criticising the practice of some chemists of buying other than the best drugs or chemicals. He urged the formation of a sort of solemn league and covenant among honorable chemists, who would bind themselves to supply nothing but medicines of the highest degree of purity. The Liverpool chemists condemned Dr. Cook's proposal as Utopian." Business is business with these gentlemen, evidently.

The Tarantula Poison.

Professor Laycock doubts the stories of the tarantula bite causing the victim to dance. He rather thinks that the exciting cause of the rhythmical chorea is the imagination; suggestion and imitation are really the conditions under which the dance arises. The tune to which they dance, named the Tarantella, is a popular air; and in cases of rhythmical chorea in this country, it has been found that the patients danced to a popular air. In these cases the dancing movements depended on the re-excitation of the record of the air.

The Operation of Trepanning.

The Hon. E. G. Squier believed he had found ancient Ynca skulls bearing marks of trepannation. But this is exceeded by the assertion of the Irish historian, O'Halloran, who states that 1900 years ago Feighnin Feathig trepanned Connor, King of Ulster; and he quotes the good surgical advice which that monarch got, but disregarded. O'Halloran was a prominent surgeon, and, no doubt, had what he thought good authority for his statement.

Correspondence.

Psychological Phenomena.

EDS. MED. AND SURG. REPORTER:—

Ipse animus nescit, qualis sit animus, is a singular paradox. The questions relating to the nature of mind, recently touched upon in your journal, lead me to contribute a few facts of my own observation, and to risk a few deductions from them.

From a number of cases under mesmeric influence, seen at different times and in different places in this region, two or three will be given. These cases are selected because they were in a high degree susceptible, and the demonstrations were known to be without possibility of collusion.

No. 1, male, age 21. Standing in front of the operator, the latter placing his right hand over the back of the neck, and with the left hand grasping the right elbow, with the fingers placed over the ulnar nerve, in the notch behind the internal condyle of the humerus, and looking intently into his eyes for several minutes, then authoritatively exclaiming "you cannot move," this man, though wide awake in all his senses, is now so perverted in perception, memory and judgment, that he can only do what he is told. Can neither sit down nor rise from a chair without permission, and a cane becomes a serpent, an apple, or a toy, as the operator may dictate.

No. 2, female, age 19. Seated in a chair beside the operator, he taking her hands in his, intently fixing his eyes upon hers, in six minutes her eyes are closed as in sleep. Then raising his hands and making a few passes from the forehead down the arms, and the process is complete. This subject now remains in what seems a cataleptic sleep for an indefinite period. The face and hands pale, cold and moist, respiration and circulation languid; and only able to speak in a subdued tone when commanded by the operator. This lady could, in nearly every case, name objects correctly, such as an apple, a knife, or a book, being placed in the operator's right hand, he standing behind her, with his left hand on her head.

No. 3, girl, age 14. In this psychological slumber, she could be induced to describe articles, objects and places she had never seen, and with a degree of accuracy that was truly marvelous. Although she could do this only when the facts were distinct in the operator's mind, he leading by questions.

No. 2 and 3 differ from No. 1, the latter being clearly a case of psychological insomnia. By a few reverse passes of the hands and an earnest tone of the operator's voice, Nos. 2 and 3 were always immediately restored.

From the above and many less characteristic cases some conclusions have been formed.

First, that this psychological vassalage is produced by a determined and persistent mental force of one party exerted over a

second, yielding a willing mental acquiescence.

Second, that each mental element has its wave and rhythm, and that the operator being the superior force, a harmony is effected, and the less is so absorbed and merged in the greater, that the latter controls sometimes entirely the responsive power of the subject, or even a large circle of subjects, as a spiritual circle.

Third, that when this harmony is once effected the influence may be exerted a considerable distance from, and upon the subject; showing that mental elements have a radius of action far beyond the periphery of the body.

Fourth, this condition is one of sedation, and in all cases, so far as seen, represented as pleasureable; persons susceptible always becoming more so by repetition; and further, being often repeated, the effect is stupifying and injurious.

Some years ago a number of very respectable and otherwise well disposed persons, all, or nearly all, religionists, formed themselves into a *spiritual* circle. After a time, by sacred chants and silent waiting, taps, tippings and other manifestations occurred, as I was told, produced by disembodied spirits. One night at a late hour a messenger came to my office saying "they want you to come over to Howard's and see for yourself about the spirits." I went, and quite soon free intercourse was set up between myself and various spirits. In every instance in which my mind was clear and positive as to the circumstance in the lifetime of the individual spirit on hand, though the circle knew nothing of the party deceased, the detail as rendered by that circle was always marvelously correct. But in every other instance, where I was doubtful or ignorant of the circumstances the circle also were uncertain, and were afterwards found to be in no instance correct.

I was compelled by force of facts to credit this party, as a whole, with fair out-door common sense, and a few of them with a rather sharp business talent. But, notwithstanding, I was led to the irresistible conclusion, after all fair allowance, that spiritualism is mesmerism rehashed and doubly farced with delusion.

Their senses were awake, but every aggressive mental element in flat abeyance, unconsciously yielding to some controlling mind within the circle when not governed by my own will.

When spiritualists have told me, in good faith, that they have seen the law of gravitation violated, the table suspended in mid air and floating about the room, and afterward deposited in its proper place, and much more of a like marvelous character, the hallucinations, to my mind, are fully explained by what has already been said.

GEORGE HILL, M. D.

Hughesville, Penna.

NEWS AND MISCELLANY.

The Medical University of Leipzig.

Dr. D'Espine, of Geneva, in a communication to the *Gazette Hebdomadaire*, of December 5th, gives an interesting account of "A Recent Visit to the Medical Faculty of Leipzig." Leipzig, he observes, is at the present time the great German university, Berlin only occupying the second rank as to the number of its students, and a far lower rank still with regard to its hospitals and laboratories. One of the principal causes of this preëminence, and a principal source of the greatness of the University of Leipzig, is the immense funded property which it possesses, and the intelligent disposal of its revenues, which has enabled it to construct palaces of science, and to employ as professors men of the highest merit. The Faculty of Medicine has especially benefited by this exceptional good fortune, its building constituting almost a district at the gates of the city, where we meet with physiological and chemical laboratories, a pathological institute, and an immense shed hospital. Descriptive anatomy is alone taught amidst the other faculties, at the Augusteum, in the centre of the town.

Astounding Obstetrical Procedure.

The *National Democrat*, Peoria, Ill., in its issue of December 28th, gives the details of a case in that city which has attracted no little comment. We suppress names.

Mrs. S. was delivered of a healthy child, December 11th. The attending physician, as the placenta seemed retained, assented to a consultation. They administered chloroform; the consulting physician inserted his hand into the womb, pronounced the placenta adherent, and worked for twenty-five minutes, bringing away what he said were pieces of it. He then exclaimed there was rupture of the uterus, and withdrew. The patient died in about four hours, and a post-mortem showed a rent in the walls of the uterus, and a portion of the bowels torn away! No placental adherences were visible.

The Cattle Disease in Russia.

In European Russia it is stated that the average annual loss of cattle from epizootic disease is estimated at 400,000. Each animal is valued at thirty roubles, making thus a direct annual loss in money value of twelve millions roubles. There are entire districts along the routes traversed by the herds moving northward, where it is simply impossible to raise cattle, from the constant introduction of bovine plague by the cattle passing from the southern steppes. Hitherto the measures adopted to check this evil have been too disconnected and unsystematic to have any perceptible effect upon it.

A Knock-down Argument.

The phenomenon of life, we are well aware, offers great difficulty, and a person who has at last reached definite views on the subject may be excused for defending them vigorously. But we really cannot approve such forcible arguments as were used in a case recently before a London Police Court. The deponent swore as follows:—"Last Tuesday night, at a quarter to twelve, I was in the Black Bull public-house, drinking with Eugene M'Gann, when a controversy arose between us. I said that the seat of life was in the heart. He said that it was in the brain. M'Gann said that if I repeated my statement again he would throw me over. I repeated it, when he caught me round the neck, put his foot behind me, and threw me heavily on my back, falling on my stomach."

Bad Effects of Tobacco.

We have often deplored the many injurious effects on communities of tobacco using. But still another is brought to our notice by Captain Simpson, R. N., in a description of the cannibals on Isabel Island, in the Pacific Ocean. One chief had a row of twenty-five heads undergoing the process of "preserving" in front of his hut. "The great object in life among the people is to get each other's heads." Those who are entitled to speak with authority on such a subject aver that a missionary who smokes is not near so toothsome a morsel as one who does not impregnate his tissues with tobacco. Great smokers are markedly bitter, unless well hung and dried.

A "Crowner's Quest."

In the recent case in which a convict in the Joliet (Ill.) penitentiary died from the effects of a cold bath administered in punishment, the Coroner's jury have returned a verdict clearing all the officers of the prison from any share of blame. The jury further expressed the opinion that the officers were "humane, capable and efficient," and that they evidently thought that a convict suffering from a trifling disease of the heart was a fool to die upon such small provocation.

A Dangerous Case.

Entering the hospital tent one day, during the late war, that skillful operator, Surgeon Jones, met Paddy Doyle, the orderly, and asked him which he considered the most dangerous of the many cases then in hospital. "That, sir, be jabers," said Paddy, as he pointed to where, on a table, lay a case of surgical instruments.

Scarlet Fever.

The McKeesport, Pa., *Times* says scarlet fever is raging with much virulence in several sections of the State. Within the last few weeks quite a number of children have died, and many are now afflicted with it in the most malignant form.

The Siamese Twins.

The twins died, near Greensboro, N. C., on January 17th. At 6 A. M. one of the twins' sons, who slept up stairs, heard a cry of alarm, and he went to the twins' sleeping room.

Eng was found greatly excited, his brother Chang having died during the night. He grew gradually worse, remarking, I suppose I must die too. In two hours he expired.

The family physician, Dr. James Hollinsworth, after the death of the twins, desired to examine the bodies, but was not allowed.

Prof. Pancoast, of the Jefferson Medical College, requested Mayor Stokley, of this city, to telegraph to the Mayor of Greensboro, asking for an examination in the interests of science. Our readers will be made acquainted with the results hereafter.

State Hospital for Women and Infants.

This institution, at 1718 Filbert street, this city, is doing a good work. During eleven months since the opening of the hospital, forty patients have availed themselves of the asylum thus afforded; and eighteen are now either under its roof or registered for early admission. No loss of life has occurred among the patients; and homes have been provided, by adoption or otherwise, for most of the children born in the institution.

The U. S. Navy.

Surgeon General Beale, of the Navy Department, has written a letter to Senator Cragin, stating that any reduction of the appropriation for the Medical Bureau is possible "only at the expense of the sick and disabled officers and seamen. He says the Naval Hospital Fund, contributed by seamen and officers, is no longer sufficient to maintain the hospitals, and an appropriation of $50,000 is asked to make good the deficiency.

The National Sanitary Convention.

This body met at Washington, Jan. 20th, and Dr. A. W. Boardman, of Boston, was elected President. The succeeding day only eleven delegates were present, but the proceedings were enlivened by Dr. Mary Walker taking part in the discussion, on the adoption of a constitution. The members, however, "pretty well indicated" that they "did not need or want her assistance."

Small Pox Items.

At Plattsburg, N. Y., the churches are closed and all assemblies forbidden, on account of small pox.

Chicago charges St. Louis with being afflicted with small pox to a decimating extent, all of which St. Louis stoutly denies, and promises to reciprocate in kind on the first opportunity.

One or two cases are reported by private sources in Kansas City.

Personal.

—Dr. George A. Christian was convicted, in Washington, of having "resurrected" dead bodies for the purpose of selling them.

—Dr. Livezey, of Yardleyville, Pa., was arrested on the charge of having caused a death by selling cyanide of potassium for iodide of potassium, ordered by a physician.

—Rev. Isaac James, M D., a local Methodist preacher at Bustleton, Pa., died on Jan. 22, aged 97 years. Deceased was a practicing physician in Bustleton, and was in the Methodist ministry for over fifty years. He was the oldest local preacher in Pennsylvania, and one of the oldest, if not the oldest, in the United States.

Transmission of Musical Talent.

The death of the celebrated Madame Parepa-Rosa, herself the granddaughter of a famous prima donna, Miss Seguin, has given rise to the observation that so far as musical genius is concerned, it does not usually extend through more than two or three generations; and in the case of the Seguins it did not extend back in any eminent degree further than to the grandfather of Parepa.

—The famous wit, Douglas Jerrold, once, at a party, noticed a doctor in sober black waltzing with a young lady in brilliant blue. "As I live!" exclaimed the wit, "there is a blue pill dancing with a black draught." On another occasion he accompanied a surgical friend to witness some operations at the Royal Free Hospital. The first operation was amputation of a leg; the second was a minor one, for the removal of piles. His companion told the wit the nature of the operation, and thought it was not worth his time to stay to observe it. "Oh!" said Jerrold, "I have seen the 'play,' and I would rather wait to see the 'after-piece.'"

—Among the newest of Boston's many institutions is the Ladies' Physiological Institute. The design of the Institute is to extend physiological information among women, and to teach them the laws of health and life. It seeks to make women intelligent helpers of the physician in the sick room, and to fit them to become wives and mothers, helpmeets for their husbands, and capable of caring for their children in sickness and in health.

—An Irish oculist having completely restored a woman's sight, related, with astonishment, that while she could thread the finest needle, she couldn't tell one letter from another. "She had the same difficulty," replied her attending physician, "before her sight was impaired, as she never went to school."

—Private letters from the Gold Coast report that great sickness prevails among the troops of Sir Garnet Wolsley, proving fatal in many cases within a few hours after its attack.

—A physician, speaking of a patient who was prostrated by illness, remarked "he can hardly recover, since his constitution is all gone." "If his constitution is all gone," said a bystander, "I do not see how he lives at all." "O," responded the ready son of Esculapius, "he lives on the by-la vs."

—A pow-wow doctress in Nazareth, Pa., recently undertook to bleed a lady for an epileptic fit. Unfortunately she opened an artery instead of the vein, and the patient died before assistance could be obtained.

—The accident crop of the Ohio railroads during the year ending on the 30th of last June amounted to 200 killed and 398 wounded.

—A popular doctor in Chicago was presented with a silver mounted skeleton, on New Year's, by his admiring patients.

—Jacob Deboj died recently in Cambria county, Pa., aged one hundred years. He was a soldier under Napoleon Bonaparte.

QUERIES AND REPLIES.

Hurried Post-mortems.

Dr. F., of New York.—A correspondent in Rochester, N. Y., calls attention to the inefficient post-mortem in the celebrated "Bonney Case," where a lady died in a trance after long abstinence. Too frequently post-mortems are mere formalities, too hastily performed to avail anything either to science or justice.

The Certificates of Impostors.

Dr. J. J. G., of Ga—We have so often stated that the certificates and references of traveling charlatans are mere delusions, that it is hardly worth while repeating that "Dr. Johannes A. Jones," now traveling through the South, is but one of the gang, and his Philadelphia references are not worth a straw.

OBITUARY.

DR. JONAS P. LOINES.

Dr. Jonas P. Loines died at his residence, Mount Vernon, Westchester Co., N. Y., Dec. 15th, 1873. Dr. Loines was Vaccine Physician to the Eastern Dispensary, and also to N. Y. Quarantine Station, for fifteen years. Whilst attending this station he vaccinated upwards of 360,000 emigrants. He furnished vaccine virus from the arms of 40,000 babies to the physicians of New York and vicinity, without complaint or accident. He was universally esteemed, and, in his specialty, unrivaled. The success that attended his labors fairly entitled him to be named the Jenner of America. He possessed a remarkably clear intellect, was genial and unassuming in disposition, and in his ministrations to the destitute and sick poor of the densely populated district of which he had charge for many years, he was always kind and considerate, and punctual in the discharge of his duty, notwithstanding that he labored under grave physical disabilities.

Resolutions in respect to his memory were passed at the last stated meeting of the Medical Society of the County of New York.

THE

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Communications.

HYPODERMIC INJECTION OF COFFEE IN OPIUM POISONING.

BY JAMES B. GARRISON, M. D.,
Of DeWitt, Arkansas.

Charles Rawlinson, farmer, æt. 55, a recent emigrant from Greene County, Ind., to this State, was given by his wife, through mistake for the sulphate of quinia, between ten and twenty grains of the sulphate of morphia. This occurred about 5 o'clock in the afternoon of August 19th, 1873. The family not being aware of the nature of the poison given, he was left undisturbed for about four hours, when I was sent for, and arrived about ten o'clock, five hours after the morphia had been taken. I considered the patient moribund, in fact, almost actually dead. The pulse had ceased entirely at the wrist, and an occasional spasmodic inspiratory effort only indicated life. The whole surface of the body was cold and livid, and covered with a clammy perspiration. The iris was not only motionless and contracted to its utmost limit, but the eyelids, when elevated, would remain without any muscular effort to close them, even when the eyeball was touched by the finger.

Although I considered the case hopeless, I went to work none the less vigorously on that account. Luckily there were six young men in the house. I immediately instituted artificial respiration, to which one attended while I prepared to inject belladonna hypodermically. Another attendant stripped the patient, another was rubbing him with dry mustard all over his body and extremities, and others bringing water. Having no atropia with me (not knowing the nature of the case when I started), I injected into each arm about 10 grains of the extract of belladonna, rubbed up with water, and then, after having him thoroughly rubbed with mustard, I placed him naked in a chair in the centre of the room, an attendant on either side supporting him, and another holding up his head. I then caused cold water, in a full stream, to be poured on his head and spine from a height, by an attendant standing on a chair and holding the vessel as high as he could. In the meanwhile there had been made a strong decoction of coffee, prepared in the same way as it usually is taken as a beverage, only of saturated strength. This I injected hypodermically continuously, for more than an hour, as fast as I could conveniently fill and empty the syringe. In all, I injected in this manner nearly a pint, and during this whole time there was not the slightest movement of a voluntary muscle, nor any, except at intervals of several minutes, when there would be a spasmodic attempt, at inspiration. At intervals of about five minutes I had him laid down on a bed on the floor and rubbed hard and vigorously with hot flannels, by as many persons as could get around him, alternating this with the cold-water *douches*. I, in the meanwhile, was perforating every eligible part of his body with the needle of the hypodermic syringe, and filling his cellular tissue with coffee.

At about the end of the first hour from the beginning of the treatment his pulse was perceptible at the wrist. Near the end of the second hour his respirations were two to

the minute, spasmodic, and attended by rattling in the throat. Between the second and third hour he made an attempt to clear his throat of mucus, and moved a hand. Previous to this time I had stopped the hypodermic injection of coffee, his skin being perforated in every part where it could be done with safety, but I continued the friction and cold affusion for four hours, at the expiration of which time he was able to swallow; and then I made him drink large draughts of coffee, perhaps a quart or more, as strong as it could be made. I afterward gave him quinine and brandy, *p. r. n.*, as his pulse was feeble. By 8 o'clock next morning he could be roused up sufficiently to speak a word or two, but on my return next day he had no recollection of me or what had occurred. Catheterization was necessary for 48 hours. His memory was sadly deficient for some weeks, but he constantly improved, having "*sana mens in sano corpore*" within a month. He never once complained of soreness, as I expected he would do, from the ultra-heroic treatment he had received. There were but two abscesses formed from the hypodermic medication, and they at the points where the belladonna was injected. These were small, and gave no trouble. He had a low form of fever for a few days after, which yielded readily to quinine and Thompson's Compound Syrup of Valerian.

As an unusual feature in this case, the patient says that he believes I saved his life, seems grateful, and will probably remunerate me for my services some time in the future.

SOME PRACTICAL HINTS FOR THE TREATMENT, AND FOR THE PREVENTION OF UTERINE DISORDERS.

BY WILLIAM GOODELL, M. D.

Physician in Charge of the Preston Retreat; Clinical Lecturer on the Diseases of Women and Children, in the University of Pennsylvania, etc.

(*Continued from No.* 883.)

Cancer of the Cervix Uteri.—Whenever the cervix is the seat of a malignant or of a quasi-malignant growth, the indications are to check excessive serous or bloody discharges, to correct the fetor, to allay pain, and to prolong life. Very fortunately, that physician who diligently carries these out will often give a new lease of life to his patient, and sometimes bring about her cure.

A plan which covers these indications is, to remove all of the cervix possible as soon as the disease has been discovered. The best instrument for this purpose is the galvanic battery, with its caustic loop and porcelain burners. Since, however, on account of the expense, the bulk, and the limited range of usefulness of this apparatus, few physicians will care to purchase it, I shall confine my remarks to the wire-ecraseur (Fig. 17), which is very generally adopted as its substitute. In the adjustment of the loop of this ecraseur certain very necessary precautions must be taken. The cervix should be noosed only while the womb lies in its natural position; for if the latter be first dragged down by the volsella, as is often recommended, the vagina becomes partly inverted, and the cervix is made to appear longer than it really is. Hence the operator is very likely to slip up the wire-loop higher than it should go, and may, therefore, include in its bite a portion of the bladder and of Douglas' pouch. To still further insure their safety, it is advisable to pass up the shaft of the ecraseur in front of the cervix, where the insertion of the vagina is lowest, and then, by it to push up the womb before the loop is tightened. On account of the excessive vascularity of a cancerous cervix, the screw of the instrument should be turned very slowly.

FIG. 17.

If, upon the ablation of the cervix, any portion of the growth remains behind, it should be scraped away or dug out by the finger nails, or by sharply edged curettes or scoops. The instruments that I use have been made after Simon's pattern, but a very efficient curette can, it seems to me, be extemporized by heating red-hot the tip of a long and narrow spatula, and then bending it to a slightly oblique angle. If the surface is a large one, the hemorrhage attending this scraping process is somewhat free until healthy structures are reached, but the risk to life is trifling if care be taken not to encroach upon the peritoneum. Should the

womb be movable, this operation will be much facilitated by holding the stump of the cervix steady by means of the volsella forceps. A cotton tampon, such a one as described at page 5, is then charged with the dry subsulphate of iron, or with a glycerole of the same, and pushed up against the raw surface, where it is to remain for twenty-four hours. Vaginal injections of warm and saturated solutions of the chlorate of potassa should be made twice or thrice daily. I prefer warm water to cold, because it dissolves a far greater amount of this salt. During the healing process, any tendency to cicatricial closure of the cervical canal is to be met by the occasional use of the dilator. After one or two weeks have elapsed the speculum should be introduced, and every vestige of the disease thoroughly cauterized with fuming nitric acid. If need be, this application must be repeated over and over again at intervals of about a week. For many consecutive months the patient should be put on the use of iron, arsenic and ergot—the iron to build up the system; the arsenic to repress the tendency to reproduction and to systemic poisoning; the ergot to starve out these growths by shortening their rations of blood-pabulum. From this treatment much cannot be expected in the way of absolute cure. But the immediate effects have been extremely satisfactory to all the parties concerned. Life has been prolonged and rendered endurable; the hemorrhage has been stayed; the fetid discharge arrested; the appetite restored, and a bed-ridden patient once more put on her feet. Even when the womb is firmly fixed, from extension of the disease to points beyond operative reach, yet much will be gained by the removal of all the growth possible.

Whenever the wire-écraseur cannot be made to encircle the diseased structures—as for instance, when the ulcerations are too deeply excavating, or too extensive, or the cervix does not project sufficiently—then the friable portions of the mass should be broken off or scraped away by the finger nail or the curette, and the surface well swabbed with nitric acid. The previously given form of constitutional treatment should be adopted. Sexual intercourse must be absolutely forbidden, for attempts at coitus are frequently followed by serious hemorrhages. From the very repulsive nature of this disease, this caution may seem unnecessary; but the fact is, that the sexual appetite of the woman is often greatly increased by a pruritus vulvæ and by the excessive vascularity of the reproductive organs. With regard to other local treatment besides the nitric acid, Dr. Burow, of Königsberg, has given such unqualified praise to the continuous application of the chlorate of potassa in substance (*Lancet*, April 12th, 1873, p. 525), that I shall certainly give this drug a fair trial, and meantime, recommend it on his authority. He sprinkles the sore with the chlorate, and then covers the whole with a wet compress. As the crystals exert a more powerful action than the powder, he first uses the latter, and replaces it by the crystals when sensibility has abated. With alleged success, pepsin in powder has lately been applied to these cancers in pretty much the same way, but with it I have no experience.

In addition to the means employed by the physician, the patient herself should be taught how to check the constantly recurring hemorrhages. This she will very generally be able to do by injections of ice-water into the vagina, by cotton-wool tampons containing tannin, or the subsulphate of iron, either in the form of a dry powder or in that of a glycerole, or charged with a paste made by thickening a saturated solution of alum with tannin. These tampons or suppositories should, by the way, be removed, as a rule, in from two to three hours; for if left in longer, they may become so adherent to the warty surface of the cancer, as in their removal to tear off the more friable portions, with a renewal of the hemorrhage. Vaginal injections of any of the astringents, as strong as they can be borne, will also prove of service. When pain is present, morphia may be incorporated with any of the above washes and suppositories. A very handy instrument for the woman to use, in making a prolonged contact of styptic or deodorant fluids to the cervix, is a glass tube like the vaginal portion of a Fergusson speculum, to one end of which is attached a rubber bulb.

To correct the horrible odor, vaginal washes containing alum or carbolic acid, the hydrate of chloral, or the chlorate or the permanganate of potassa, will be found extremely useful. Of these the hydrate of chloral has my preference, because it is not only an admirable deodorant and antiseptic, but a very prompt local anæsthetic. The plan by which I have best succeeded in

making my patient the least disagreeable to herself and to her friends, is the frequent use by day of some one of the above washes, and at night the introduction of a suppository containing a few grains of chloral, or of the chlorate of potassa. Whenever the disease is far advanced, and the patient's sufferings are very acute, her euthanasia is all that is left to the resources of art. Anodynes should, therefore, be given without stint, in any way, shape or form the sufferer may prefer. For the agonizing pains in the back, so common in advanced stages of the disease, the promptest relief will be gained by a hypodermic injection of morphia, but a more permanent one sometimes follows the use of dry or wet cups over the sacrum, or the application of a few leeches. For the suppression of the secretion of urine, occasionally seen in women suffering from this cruel disease, Martin, of Berlin, states that there is nothing better than small doses of the iodide of potassium.

[*To be Continued.*]

PARALYSIS OF THE PORTIO DURA TREATED WITH ELECTRICITY.

BY DR. ISRAEL CLEAVER,
Of Reading, Pa.

The following is presented as an example in which efficient and prompt therapeutic effects of electricity were exhibited:—

Mr. M—— A——, aged 20, by occupation a hatter, presented himself at my office, suffering with paralysis of the *portio dura* of the seventh pair, and giving the following history of its origin. On the 13th of October, 1873, he was seized with a peculiar pulsating pain immediately posterior to the right ear, of about five minutes' duration, and repeated three or four times during the day. This occurred daily until on the morning of the 16th inst. he observed as additional a sensation of "heaviness" of the right side of the face, and in the afternoon he felt a "weakness" in the upper lip of the same side. On the morning of the 17th he was unable to close entirely the right eye, and in the afternoon of the same day, on attempting to play the clarionet, he found an utter loss of power in the right side of the mouth, preventing any performance on that instrument. He plays a bass horn in a military band, and was also incapacitated for this service. At the same time there was regurgitation of fluid out of the right angle of mouth when drinking, and food collected between the jaw and cheek of same side when eating. Despite the *homœopathic* treatment under which he placed himself the "heaviness" and "weakness" increased until the 20th, the date of his first visit. At this time he presented the characteristic symptoms of Bell's palsy, such as a "rigidly composed" (Da Costa) facial expression of right side, inability to close the right eye more than about half, to expand right nostril or to purse up right angle of the mouth; in fact there was total paralysis of the orbicularis oris muscle on the right side. The sense of taste of the right side of tongue was impaired, the *palatine arches*, however, being unaffected. Had no defect in articulation, vision, or hearing, no vertigo or pain, save the pulsation before spoken of. Sensation normal with the left. Deeming this a case in which electricity was pre-eminently indicated, trial was first made with the induced current, showing very much diminished *farado-muscular excitability*, but increased *electric sensibility* (comparing the two sides of the face). The *primary* or galvanic current produced very slight contractions on opening or closing the circuit, and only eight cells of the improved Stohrer battery, as made by the Galvano-Faradic Manufacturing Co., N. Y., could be tolerated, while a greater number was easily borne on the left side.

The induced current manifesting equal effects with the galvanic, it was chosen for treatment, especially as the palsy was peripheral. The machine of the above named company enables you to employ slow interruptions of the current, which in this instance caused more energetic muscular contractions than the rapid, and hence employed, by placing one pole over the nerve at its exit from the stylo-mastoid foramen, and the other to the various affected muscles of the face. A very short application, with rapid vibrations, was afterwards made, using the hand as an electrode to the face. The first seance was of five minutes' duration, of such strength as to be perceptibly felt, but far short of causing pain, and two days after (22d) patient reports that in the morning before arising he could entirely close the affected eye but not afterwards. He had less of the "heavy" feeling, and could slightly draw up the right angle of the mouth, and the action of the right orbicularis palpebrarum was more prompt. Seance of

ten minutes given, and immediately after could elevate the angle of the mouth better than before. Electric *excitability* and *sensibility* about normal, and same as on left side, the affected muscles responding readily to the faradic current.

24th. No more regurgitations of fluid in drinking, or collecting of food between the teeth and cheek. Seance ten minutes.

26th. With some effort can entirely close the right eye, the lid moving quickly. Has almost entire control of right side of the mouth. No pulsating pains since last application. Seance ten minutes.

28th. Can close right eye equally well with the left. Still slight deficiency of power in the right side of the mouth, and the feeling of heaviness noticed only when cold air strikes the face. Seance ten minutes.

31st. Has perfect control of all the facial muscles. Played the bass horn last night as easily as ever. Taste of the right side of the tongue restored. When directed to inflate the cheeks the right is distended more than the left, showing still deficiency of power in the buccinator muscle of that side. Seance fifteen minutes.

November 5th. Reports no further difficulty in any respect, and no traces of the paralysis remains. Another seance of ten minutes given, since which patient seems entirely cured.

Comment on the above is not necessary. No remedy but electricity was used, and the above is interesting in the exhibition of a very rapidly progressive improvement and cure, of *facial palsy by faradization.*

A CASE OF HOUR-GLASS CONTRACTION OF THE UTERUS BEFORE DELIVERY.

BY J. TRUEMAN DAVIS, M. D.,

Of West Point, Kentucky.

On Nov. 15, 1872, I was calle ' to visit Mrs. K. On my arrival found my friend, Dr. J. W. Fletcher, of this place, in attendance. He informed me that he had been called on the evening previous, that the woman was in labor at full term, and that he had, on making a digital examination, found the head presenting, and nothing whatever indicating any trouble. Some time after he found the os to be fully dilated, and in a short time the occiput had passed the pubic arch. Immediately after this Mrs. K. complained of feeling faint, and of an undescribable pain; the head at once receded within the pubic arch, and the uterus lost its force. On examination I found the head presenting, the neck of the uterus firmly contracted around the neck of the child. Several tumors were found in the vagina. Dr. Fletcher and myself diagnosed the case as one of hour-glass contraction complicated with tumors of the vagina, and decided that the best mode of delivery was by the forceps. We sent a messenger after Dr. H. K. Pusey, of Garnettsville. He examined the patient, and fully agreed with us in diagnosis, also as to the means of relief.

Mrs. K. was then placed in proper position and chloroform administered by the writer. Dr. Pusey applied the forceps, assisted by Dr. Fletcher, and delivery was soon effected. Some of the tumors were extirpated. The patient rallied very well from the operation; was placed back in bed in a comfortable position and opiates administered.

At the time we left she was feeling as well as a patient could possible feel under the circumstances, in fact she expressed her belief that she would soon be able to be up. I saw her no more until Nov. 20th. I had been informed, however, by Dr. Fletcher, that she was doing well.

I was called again to see her, on the 20th, with Dr. Fletcher, who told me she had been growing worse for two or three days, and that he feared she would not recover. She was suffering with puerperal fever, bowels very tender and tympanitic, fever very high. Turpentine was applied over the bowels, and quinine, opium and veratrum viride exhibited. A very fœtid discharge proceeded from the vagina; for this, cloths saturated in a solution of carbolic acid were applied to the vulva. We ordered a mild but nutritious diet. I saw her again the next morning, with Dr. Fletcher; found her much worse, prognosis unfavorable. We both saw her again in the evening, and found her failing fast; she died a few hours after.

The above case has interested me much, as it is the first that I have ever encountered, and my friends, Drs. Pusey and Fletcher, each of them excellent and worthy physicians, stated to me that they had neither of them ever previously met with such an instance. In consulting such authorities as I have access to, I cannot find any account

of a case just like it, or even approaching to it. If similar cases to the above have occurred in the practice of other physicians, I have so far failed to see them reported.

INCISED WOUND OF THE ABDOMEN.

BY THOS. A. DURGAN, M. D.,
Of Darlington, S. C.

On the 10th of December, 1870, a very cold day for this latitude, I was hastily summoned to visit Mr. Henry Blackman, of this county. When I first saw him and examined his wound, I considered the case utterly hopeless. He appeared to be moribund, with scarcely any pulse, in a cold, clammy perspiration, and all the indications of rapidly approaching dissolution.

He was lying on the floor, with a gash in his abdomen, and his protruding intestines were covered with sand and dirt. After administering a full dose of anodyne, conjoined with a stimulant, I proceed to examine the nature of his injuries. I found that he had received a very severe punctured wound in the left side, just below the last rib, which caused a large portion of the descending colon and the accompanying omentum to protrude. The cut was four inches in length, or perhaps more; the tumor formed from the protruding bowels and omentum was as large as a child's head. He had ridden on horseback five miles during this bitter cold weather, to get to surgical assistance, holding his bowels and omentum in his hands, as best he could; and it is no wonder the protruding bowels had assumed such large proportions.

After carefully washing off sand and dirt, I proceeded to reduce the extrusion, and found so much difficulty in doing so, that I was compelled to enlarge the original opening. After doing this, and turning him on his right side, and using gentle and persistent manipulation, I succeeded in reducing the bowel and omentum. I took six interrupted sutures, and placed a compress and roller bandage over the wound, put my patient on *absolute* diet, gave as much anodyne as he could well bear, kept the lower bowels open with mild enemas, made him lie mostly on the right side, and in four or five weeks he had perfectly recovered.

He received his terrible wound from a knife in an encounter with a drunken negro. I attribute his remarkable recovery more to his inherent bravery and youthful vitality than to treatment. When he was giving what he supposed was his dying testimony and his last affidavit as to the cause of his supposed fatal wound, and indicating all the attending circumstances, he was just as calm and collected as if there was nothing the matter with him.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.—CLINIC ON DISEASES OF WOMEN.

BY PROF. T. G. THOMAS.

January 9th, 1874.

Hæmatocele—Non-Interference and Fatal Result—Interference and Fatal Result.

GENTLEMEN:—I have a very interesting case before you, both in diagnosis and in treatment. Mrs. E. D., æt. 25, married, one child fourteen months old. I give you her history as near as possible in her own words. She says that two months ago she became sick at her stomach, and this nausea has continued to a greater or less extent up to the present.

Last Christmas she went to church, and when there fainted, but rallied sufficiently to walk home. Since that time she has had severe pain in both of her sides, and a very severe pain in the back. At times she is feverish and has headache. These are all the symptoms the patient gives us, and the case is of interest from the little knowledge we obtain from that quarter.

Vaginal Examination.—When the finger is carried into the vagina we have a large mass pressing down posteriorly; the uterus itself is carried up anteriorly against the pubes. This mass blocks the vagina up. When it is pressed on we find it to be completely solid, which shows that in all probability it is not a fibroid tumor. There is a condition of affairs which it might be, though I think it is not, and that is an extra-uterine pregnancy. A tubal pregnancy might become dislocated and fall down into Douglass' cul de sac. If this were so it might be pushed up; this is firmly fixed.

Hæmatocele gives to the fingers the sensation of creaking when it is felt, as well as that of a sac full of fluid. The crucial test, which I do not propose to use here, because I feel so certain, is the hypodermic syringe. If it is a hæmatocele a red fluid should be withdrawn, closely resembling cranberry jelly.

This disease is exceedingly likely to puzzle the practitioner. I know it has again and again puzzled me, and it cannot be tested with utter positiveness without having recourse to the crucial test I have mentioned.

When the blood effuses into the abdominal cavity and settles down into the cul de sac, a crust forms around it from coagulation

of the fibrine on the periphery. Now it may occur, as indeed it has, that this may rupture and the blood again pass into the abdominal cavity, and cause peritonitis and death.

Treatment. — The treatment is exceedingly unsatisfactory. You can, maybe, the more easily understand this when you consider the discussion which took place at the London Obstetrical Society, as to the merits of interference and non-interference. Dr. Barnes and Dr. Meadows were at issue on the subject. My own experience at present leads me to the view to let them alone. I did not always think so, as you will find from a case I will relate in which the aspirator was used. I was led to do this from another case which died from non-interference. I saw the patient and sent her to the Woman's Hospital. Not long after her admission, the House Surgeon sent me word that the patient was dying. At the post-mortem it was found that the cause of the trouble was the rupture of the crust of the hæmatocele, allowing the escape of the contents into the cavity of the peritoneum. Not long after this I met the case I referred to first, and from the unfortunate issue, the case just mentioned, I deemed it advisable to operate. I inserted the aspirator needle and removed the contents of the hæmatocele. When the patient had been operated on, and the fluid removed, the friends were overflowing with gratitude, but in twenty-four hours the patient died in collapse. From the recital of both these cases you can understand the unfortunate difficulties in the way of treatment. I must say that this last case is the only one of the kind I ever had, and might be considered as not doing justice to the operation.

However, my own experience has decided me to let them alone, unless there is some severe cause for the operation. In the case before us the chances are ninety out of a hundred that she will get well. While there is danger of rupture, there is greater danger, I think, in evacuating the contents. Should signs of septicæmia develop, the evacuation should then be decidedly indicated, and for this purpose the aspirator is undoubtedly the best.

Pregnant Uterus Apparently Without an Os Uteri.

Mrs. S. æt. 40, married seven years, sterile. About four months ago the patient became pregnant. Her physician doubted it at first, but time proved the suspicion to be correct. On examining the patient no os uteri could be discovered. The uterus was apparently normal in other respects. By anæsthetizing the patient, and carrying the hand into the vagina, an opening could be discovered high up the vagina, and posteriorly. It could not be made out unless on the introduction of the whole hand. I have never before had an opportunity, in nineteen years, to present a case of this kind to the class, though including this one I must have seen about half a dozen. The explanation of the case is, that from an abnormality in the development of the womb the os occurs, apparently, on the side of the cervix, and when pregnancy advances the side of the cervix takes the place of the os, and the os itself is found high up, near the junction of the vagina and cervix.

When labor comes on the action of the uterus will be to throw the presenting part against the cervix, but by judicious management this may be entirely overcome. Carry the hand sufficiently far up to allow the fingers to enter the os, then by pushing up the head, and pulling down with the fingers, the cervix will be dilated; the course of the labor will be much as in ordinary cases.

Pelvic Cellulitis.

A. B., æt. 20, married, has no children. During the last fortnight complained of pain over the lower part of the abdomen and along the thigh.

Vaginal Examination.—When the finger is carried in front and behind the uterus nothing is detected, but on one side of it there is a tumor which is painful on pressure, but cannot be pushed up. In pelvic peritonitis there is a fixation of the uterus, but in this case it is movable on one side. Again in pelvic peritonitis the pain is excessively severe, but we do not have that history here. It possibly might be hæmatocele of the broad ligament, but we will not consider that, as, so far, it has never been described.

It is pelvic cellulitis. An inflammation of the cellular tissue on one side of the uterus. There are two varieties of the affection, perimetritis and parametritis; perimetritis signifies an inflammation in the tissue around the organ, whereas parametritis an inflammation alongside of the uterus. This case is of the latter kind. I do not intend to trouble you with a recollection of the names, for I have a certain amount of difficulty myself in remembering which is which. This trouble which we have is that kind of fibrous tumor which some men cure by mercury, iodide of potassium, etc., whereas the truth is that if it is let alone it will take care of itself.

The treatment consists in the administration of tonics, etc., and general attention to the health of the patient. Externally, counter-irritation, either as small blisters or strong tincture of iodine, may be had recourse to.

Fissure of Anus—Leucorrhœa and Metrorrhagia.

Rose S., æt. 20, married two years, sterile. Has been sick for the last year and a half At first it was only the whites, but for the last six months has been losing blood. Every time her bowels move it feels as if everything was coming out.

Vaginal Examination.—On placing the patient in position, a fearfully profuse leucorrhœa is found pouring away from the uterus. There is found also to be a fissure of the anus. From the history of the case I was led to suppose that here we might pos-

sibly have a polypus, but nothing abnormal can be detected. The inference is that at first the disease was uterine catarrh, passing into chronic endometritis. At present, as a result, we have a fungoid condition of the mucous membrane. To prove this, the curette, formed of a loop of wire, was introduced, and five or six of these excrescences came away with the instrument.

Treatment.—For the uterine trouble, the free use of the curette will remove all of these bodies. A French authority thinks the curette a most barbarous instrument. But I have never met with an accident from its use. Indeed I do not know what I should do without it. In the present case I should expect to remove a teaspoonful with it. In respect to the anus, forcibly dilate with the thumb, and touch the fissure with strong nitric acid. I never cut the sphincter, and never had to operate on the same case more than twice.

It may be that the uterine symptoms are aggravated by a loaded colon, as these cases of fissure have embraced feces from the fear of voiding them, and if so, the cure of the anus will be of benefit to the uterus.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Dr. John J. Peters brought to the notice of the Society the recent death of its first Secretary, Dr. Wm. C. Roberts, and asked the chairman to nominate a committee to draw up fitting resolutions to be presented to the Society. Dr. Keyes appointed Drs. White and Peters a committee for this purpose.

Suspected Malignant Disease of the Peritoneum.

Dr. Peugnet presented the lungs, liver, spleen, kidneys and intestines of a case, with the following history: The patient had been a cook in New York, and had been able to discharge his duties as such up to a short time before his death. Three months ago he first came under medical observation, suffering from ascites. Towards the end of November the dyspnœa was so great that he was tapped, and three quarts of fluid withdrawn. This fluid contained a large amount of blood corpuscles. December 4th, died. At the autopsy the abdomen was found to be divided into two cavities, and each was found to contain this sero-sanguinolent fluid. The omentum was thickened, and the viscera adherent to each other. The liver was scirrhotic and fatty. There was no obstruction to the bowels. No microscopical examination had been made of the omentum, but to the eye it had much the appearance of malignant disease.

Epithelioma of Lower Eyelid.

Dr. H. Knapp presented a patient with epithelial disease of the lower eyelid, and demonstrated the operation designed for its removal.

Myeloid Tumor of Vertebræ Projecting into the Spinal Canal.

Dr. Knapp also presented a specimen which showed a tumor pressing in on the spinal canal. The history of the case was that the patient was suffering from symptoms of tabes dorsalis, but the true diagnosis of the case was not made out. At the autopsy it was found that the site of the tumor was the seventh dorsal vertebra. It originated in the body of the vertebra and projected into the spinal canal, horizontally, one-half inch, and vertically three-fourths of an inch. The envelope of the tumor was a fibrous sheath containing true bone cells and fat cells. It has thus not only the elements of the shaft of bone but also of the medulla.

Intussusception.

Dr. J. Lewis Smith presented a case of intussusception, of interest from the fact that it occurred in a nursing child. Death occurred 30 hours after seizure. The site of the disease was 12 or 14 inches above the ileo-cæcal valve.

Exsection of the Head of the Femur.

Dr. Lewis A. Sayre presented two cases of exsection of the head of the femur. The first was of ordinary interest, and took place at Charity Hospital. The patient was a little girl, of eleven years of age, much worn out by the exhaustive suppuration of the disease. The head of the femur and acetabulum were both involved, but after being operated on she made a good recovery, but with considerable shortening. The most interesting point in the case was the rapidity with which she recovered after the source of suppuration was removed.

The next case was a boy, eight years old. The thigh was flexed and adducted to such an extent that it was difficult to say whether the case was one of diastasis or morbus coxarius. The region of the head of the femur showed sinuses, with necrosed bone. A point of interest in this case was, that although the child had been exposed to a long period of the disease, his general health had not deteriorated. Dr. Sayre attributed this to the fact that the flexion and adduction of the limb had caused the diseased portion to be the most dependent, and for this reason the drainage was nearly perfect, and there was no burrowing and accumulation of pus. When the patient was operated on, quite a strange condition of affairs was discovered. The greater trochanter was gone, also the acetabulum, but strange to say the head of the femur was present. Again, that portion of the neck which, from the position of the limb rubbed on the ilium, was found to have formed a cartilage, the beginning, apparently, of a new joint. This new cartilage was developed in close propinquity to the diseased bone. In answer to a question, Dr. Sayre said that he knew of no special time for the removal of the diseased bone.

When the cartilages were destroyed, it was high time to operate.

New Appliance for Making Traction in Dislocation of the Elbow.

Dr. Sayre was permitted to exhibit an instrument, which was in reality an Indian toy, on an enlarged scale. The toy referred to was that found at toy shops and Indian curiosity stores, which consists of a small cylinder of wicker work, so woven that traction on it diminishes its calibre. It has been advised by Dr. F. H. Hamilton for putting on the thumb and making traction in dislocation of the thumb. The modification shown by Dr. Sayre was large enough to allow the hand and forearm to be embraced. The case in which it was used was an old dislocation of the elbow. Pulleys had been used previously, but were found inoperative, from the fact that, though the force was strong and steady, it could not be changed in direction. By making counter-extension with a sheet around the patient's body, and extension by means of one or two strong men, the force could be used to extend the arm, and then really to bend it back; then, by forcibly flexing the elbow, using the operator's arm as a point of resistance, the luxation was reduced. The only advantage in the instrument was its power of grasping the forearm. It does this perfectly; the greater the tension, the tighter does it hold, the interstices of the wicker serving to prevent any slipping.

Infarction of Lung.

Dr. Finnel presented a specimen of lung taken from Walworth, the victim of the Walworth tragedy. The specimen had deteriorated considerably from being kept so long in alcohol and carbolic acid. It was about the size of a large pea, and showed the appearance, on section, of concentric deposition. Dr. Loomis wished to know whether or not there was any heart lesion, but none had been discovered. It was situated in the lower part of right lung, and had been of considerable standing; so much so, indeed, that it was hard to say positively what was the proper pathology of it.

NIAGARA COUNTY, N. Y., MEDICAL SOCIETY.

The semi-annual meeting of the Niagara County Medical Society was held January 6th, 1874, at Lockport, N. Y.

The committee on the "Sanitary Effects of Drainage" in Niagara County, created by the request of the State Medical Society, Dr. Palmer Chairman, made a partial report.

Later, the society, as a committee of the whole, considered the subject of "Typho-Malarial" Fever, as developed in Niagara County during the past season.

The causes, etiology, symptoms, diagnosis, prognosis and treatment, were thoroughly discussed. Drs. Clark, Palmer, Faling, Foot, Davison, McCollum and Huggins, took part in the discussion.

An interesting letter, through the kindness of Dr. Lenord, was rendered for the benefit of the Society, on the subject of the fitness of filtered canal water for drinking and culinary purposes.

Dr. Foot presented a report from Dr. Tabor, of Wilson, on a case of pneumonia.

On the subject of monstrosities, Dr. Huggins presented the description of a rare and peculiar anomaly occurring recently in his practice.

Dr. Palmer also described a case recently observed by him of semi-amputation of the thigh *in utero*.

The society adjourned to the first Tuesday in April.

W. Q. HUGGINS,
Secretary *pro tem.*

CHENANGO COUNTY, N.Y., MEDICAL SOCIETY.

The Annual Meeting of the Chenango Medical Society was held at Norwich, January 13th, 1874. The Society was called to order by the President, Dr. H. Halbert.

The committee appointed at the last meeting to present resolutions on the death of Dr. Blin S. Sill, reported resolutions of respect.

Dr. Crumb, through the Business Committee, presented an interesting case of abscess of the liver. Dr. Avery a case of retention of the urine. Dr. Lewis a case of puerperal convulsions, and Dr. E. S. Lyman a case of hydatids.

The discussion that followed the presentation of these cases elicited many practical suggestions, especially the one by Dr. Lewis on Puerperal Convulsions. The different modes of treatment in Eclampsia had their several advocates. While chloroform, digitalis, bromide of potassium and hypodermic injections of various drugs, especially morphia sulphate, were recommended, yet it seemed to be generally considered that the very act of convulsion itself could, and often did produce a condition of the cerebral circulation which, if not relieved, would result in other serous or sanguinous effusion, or both, and that for this condition blood letting was the only effective remedy.

The following officers were elected:—

President, Wm. H. Stuart; Vice President, G. O. Williams; Secretary, D. M. Lee; Treasurer, Geo. W. Avery.

Old-time Physiology.

Dr. Robinson, Professor of Anatomy and Surgery in Dublin from 1716, wrote the "Animal Economy," a book in which mathematics is applied to physiology. It is arranged in forty propositions, and the thirty-seventh is as follows: "The fibres of animals are stronger or weaker as the air abounds less or more with watery vapors or putrid exhalations, or more or less acid particles, or as it is colder or hotter."

EDITORIAL DEPARTMENT.

PERISCOPE.

The Secondary and Tertiary Syphilitic Lesions.

In a lecture at St. Mary's Hospital, reported in the *British Medical Journal*, Oct. 11, 1873, Mr. S. A. LANE, F. R. C. S., remarked:—

In consultation with surgeons who have brought to me patients suffering from different forms of constitutional syphilis, and also at the College Pass Examinations, both for the membership and fellowship, I have been much struck by the confused and unsettled state of opinion manifested, both as to diagnosis and treatment, in these affections. The difficulty does not appear to be in the recognition of the case under notice as one resulting from syphilis, but in deciding whether it should be classed with the group of secondary or tertiary symptoms; and, when this is settled, to know whether iodine or mercury should be the remedy to be depended upon. The answers I obtain to my questions also would lead me to suppose that it was considered immaterial which of these two remedies should be administered, and that each was equally beneficial, or almost so, in either of these groups of symptoms; or that a combination or an alternation of the two remedies was the best mode of treatment in the majority of cases. Knowing as I do that, in tertiary syphilis, mercury is especially injurious, while the iodide of potassium acts like a charm in alleviating the symptoms; and again, that, in the secondary state of the disease, while the iodide of potassium will be of little or no use, mercury will prove to be the sheet-anchor; it seems to me so essential that clear and distinct notions should be had on these points, that I have determined to place before you tables of each group of symptoms, from these two classes of affections respectively.

TABLE I.—*Morbid Changes observed in Secondary Syphilis.*

Affections of Skin.	Erythematous—Roseola; Papular—Lichen; Tubercular—Tubercles that may desquamate, ulcerate, or encrust; Scaly—Psoriasis, Lepra; Pustular—Ecthyma.
Affections of Mucous and Semi-Mucous Membranes.	Superficial, white, aphthous-looking ulcers on the tonsils, soft palate and fauces; Superficial Ulcers on the sides of the tongue and angles of the mouth; Mucous Tubercle, or Condylomata, on semi-mucous surfaces; deep excavated ulcers of tonsils.
Iritis; Muscular Pains; Arthritic Pains; Pains in bones; Periostitis; Nodes.	

The above table contains the principal affections of constitutional syphilis, termed secondary, in which the venereal poison still exists, and may therefore be communicated by cohabitation and transmitted to the offspring, and in which mercury is beneficial and iodine of but little or no service.

TABLE II.—*Pathological Conditions in Tertiary Syphilis, Syphilitic Cachexia, or Sequelæ of Syphilis.*

Inflammation of Fibrous Membranes.	Periostitis, resulting in nodes; Caries and necrosis of bone; Affecting fibrous tissues of joints—Arthritis; Fibrous tissues of testicle—Orchitis; Fibrous tissues of globe of eye—Sclerotitis.
Affections of Skin and Mucous Membranes.	Rupia; Cachectic ulcers of skin; Rapid ulceration and sloughing of the soft palate, fauces, pharynx and larynx; of the rectum, vagina, nymphæ and labia.
Deposits of fibro-plastic lymph, imperfectly organized.	In the areolar tissue (subcutaneous or submucous tubercles); in muscular tissue, more frequently met with in the tongue, and occasionally in other muscles; also met with as *post-mortem* appearances in the liver, other kidneys, lungs, and spleen, viscera.
Lardaceous and Waxy Deposits.	Occasionally found in the *post-mortem* examination of the bodies of persons of dissipated habits.

In this table will be found enumerated the pathological changes which present themselves occasionally in patients who have passed through the primary and secondary stages of syphilis, and whose constitutions have become changed and deteriorated thereby, but who are no longer syphilitic; that is to say, they do not contaminate those with whom they cohabit, and their children will be free from syphilitic taint. The remedies required in these affections are especially iodine and sarsaparilla, and mercury is injurious.

On Croton-chloral Hydrate.

This new remedy is thus described by Dr. OSCAR LIEBREICH, in the *British Medical Journal*:—

When chlorine gas acts on aldehyde, croton-chloral is formed, as has been demonstrated by Dr. Krämer and Dr. Tinner. In order to avoid a mistake which is apt to be caused by the name, I must here remark that this body possesses no relation whatever to croton-oil, although its chemical constitution proves it to be the chlorated aldehyde of crotonic acid. Croton-chloral differs in its outward appearance from hydrate of chloral, by its being dissolved with difficulty in water, and by its crystallizing small glittering tablets. Its action, though similar to that of hydrate of chloral, differs widely from the latter with regard to its physiological

effects. Four *grammes*, or a drachm, of this substance, dissolved in water, and introduced into the stomach, produce in the course of from fifteen to twenty minutes a deep sleep, accompanied by anæsthesia of the head. Whilst the eyeball has lost its irritability, and the nervus trigeminus shows no reaction whatever on being irritated, the tone of the muscles remains unaltered.

I have experimented with this remedy on maniacs during an attack of mania. They remained quietly sitting on their chairs in a deep sleep, their pulse and respiration being unchanged for two whole hours together. If anæsthesia had reached so high a degree in consequence of the application of hydrate of chloral, the patients would have dropped from their chairs, and both their pulse and respiration would have been considerably retarded. I have seen croton-chloral acting in the same way on healthy individuals. In some cases of tic douloureux, the remarkable phenomenon is exhibited that pain ceases before sleep sets in. I am sorry to say, however, that this remedy acts only as a palliative in this dreadful disease. I nevertheless prefer its action to that of morphia, because it has effects as good as the latter remedy, without being so detrimental to the constitution in general. I have never observed any unfavorable effects of croton-chloral on the stomach or any other organ, although I have made frequent experiments with it.

The indications for the use of this remedy are to be found—1. In cases where hydrate of chloral is inapplicable on account of heart disease; 2. In cases of neuralgia in the district of the nervous trigeminus; 3. In cases where very large doses of chloral are necessary to produce sleep. I there recommend the addition of croton-chloral to hydrate of chloral.

Whilst examining the difference between the action of hydrate of chloral and that of croton-chloral, I have discovered the remarkable fact that it is not the first, but the second product of decomposition of the latter substance which is brought into action, on account of the first being too rapidly destroyed. Croton-chloral, when subjected to the influence of an alkali, first forms allyl-chloroform, a trichlorated body, which is rapidly decomposed into a bichlorated substance called bichlorallylene. Now, both chloroform and trichlorated substances act, as I have shown, in their first stage on the brain, in the second on the spinal cord, and in the third on the heart. The retardation of respiration is to be explained by the agency of these substances on the last mentioned organ. Bichlorated substances act differently, as is proved by bichloride of ethylene. Even if the circulation of the blood in an animal have been stopped by this latter agent for one minute, life may be restored by artificial respiration, which is impossible whenever trichlorated substances have produced this effect, in which case the muscles of the heart remain paralyzed. Well, in animals poisoned by croton-chloral to such a degree that both circulation and respiration are stopped entirely, artificial respiration is able to restore the action of the heart immediately, and the life of the animal may thus be saved. Bichlorallylene, inhaled by the lungs, produces the same effect on animals as croton-chloral. We thus see these bichlorated substances acting on the brain, spinal cord, and medulla oblongata, but not on the heart, which explains the fact that both respiration and circulation remain unaltered in medicinal doses.

Methods of Surgical Diagnosis.

The eminent Mr. Erichsen, in a recent lecture reported in the London *Medical Times and Gazette*, says:—

There are three methods that you may employ. The first and simplest method, and happily in surgery we have very simple methods of diagnosis, is by finding one pathognomonic sign. By "pathognomonic" is meant a thing which of itself indicates the nature of a condition. For instance, a person complains of dimness of vision. You look into his eye, and you see an opacity of the lens. That of itself determines at once the nature of his disease, cataract. You need not ask him a single question or go a step further. Again, a person complains of trouble about the bladder. You introduce a sound, and you feel a calculus and hear it struck. Thus at once a single sign, and that sign a pathognomonic one, is determinative in itself and by itself, not only of the existence of a malady, but of the very nature of that malady. You determine by that single sign, not only the existence, but the very nature of the malady that exists. Well, in surgery always seek for the pathognomonic sign, and endeavor to determine, if you possibly can, at once and by a single sign, what the patient's lesion may be.

Now the second method in surgery consists in getting what may be termed a "pathognomonic group" of signs; that is to say, a set of signs which singly and individually are not indicative of any one given disease or injury, but which, taken collectively as a group, indicate incontestably the nature of some given injury or disease. Take, for instance, the case to which I have already alluded, of an elderly person being tripped up upon the floor and being unable to rise. You look at the limb and find that it is somewhat shortened, that it is everted, that the patient is unable to raise it off the ground, that he complains of considerable pain, and that you feel crepitus about the region of the hip. Now any one of these signs, shortening of the limb, eversion of it, inability to move it, and crepitus, any one of these signs is common to a variety of different injuries and diseases of the lower extremity; but the group, taking them collectively, is indicative of only one single condition, and that condition is fracture of the neck of the femur. Hence, although the individual signs may be untrue in themselves, so far as the determination of any given injury is concerned, they are abso-

lutely true, and incontestably so, when grouped together, in determining the nature of a particular injury. That is the second method, then, of effecting a surgical diagnosis, by getting a pathognomonic group of signs or symptoms, for it will do for either.

The third method is a very important one, and it is the method that was greatly employed in the French school of surgery, and the employment of which undoubtedly led to the high position that it occupied, and does occupy, as a diagnostic school. It is what may be termed the negative method, or what is termed by French surgeons the "method by exclusion." By this method you first of all ascertain what a thing is not, and then by excluding everything that is not, you arrive at last at what it is. It seems a roundabout way of arriving at the truth, but in point of practice it is an exceedingly simple way. Let me give you an illustration. A patient comes to you with a tumor in the scrotum. You are in doubt as to what it is. You examine it first of all by transmitted light. You find that it is not translucent; therefore it is not a hydrocele. You examine the upper part; you find there is no impulse on coughing, and that the cord is not covered; therefore it is not a hernia. You find that the cord itself is not enlarged, is not tortuous, and vermiform in its feel; therefore it is not a varicocele. Having removed hydrocele, hernia, varicocele from any possible tumor of the scrotum, what have you left? Why two conditions, hæmatocele and sarcocele. You find that it has not followed a blow, that it is not globular and uniform, that the scrotum is not discolored; therefore it is not a hæmatocele, *ergo*, it must be the last of these conditions, and that is a tumor of the testicle; a sarcocele. In that way, by determining what a thing is not, you speedily arrive at what it is; and this determination, in the hand and in the mind of a practiced surgeon is so rapid as to be almost instantaneous. The whole process is going through in his mind with such rapidity that as he lays his hand upon the part he feels for everything, and he finds that four out of five conditions are absent; and his diagnosis is made instantaneously, although it is made by that process of negation or exclusion, and though the steps that lead to it are apparently complicated.

The Treatment of Pneumonia.

Prof. LEBERT, of Berlin, in the *Medicinische Wochenschrift*, lays down the bases of the rational therapeutics of this disease. The patient ought to remain in bed, in a condition of quiet, with moderate warmth, and perspiration ought not to be encouraged. He ought to speak as little as possible, and drink neither too cold nor too hot fluids. In very weak patients, ether or small quantities of wine may be given with advantage. When the fever abates, seltzer water with milk may be given, and if the appetite is bad, bitters may be prescribed. In the absence of any definite indication, it is better not to administer any medicine.

Indications for venesection are: pulse full and hard, or small and resisting, with marked dyspnœa, and a cyanotic condition of the patient, all of which point to great embarrassment of the pulmonary circulation. If there be rapid spread of the inflammation, marked cerebral symptoms, and distention of the jugular veins, blood-letting is imperatively necessary. But this expedient is absolutely contra-indicated in secondary pneumonia, in the typhoid form, in that arising in drunkards, and in epidemic or malarious forms of the disease.

When dyspnœa depends not on congestion of the lungs, but on excitability of the nerves, opium or quinia are to be administered. If opium checks expectoration, then quinia is to be substituted, especially when disproportionately high fever and tendency to typhoid symptoms exist. If an antipyretic effect is not produced by the use of the quinia, then cold baths may be tried, especially in the typhoid and alcoholic forms of the disease. If local pain be considerable, cold applications may be made to the chest, or small doses of opium or Dover's powder may be exhibited. If the expectoration be not ejected, tartar emetic or ipecacuanha are to be administered; in tendency to collapse, ammonia, camphor, or benzoic acid may be prescribed; in profound nervous depression, stimulants and musk. He recommends four parts of musk with two parts of carbonate of ammonia in sixty parts of rectified spirit, and twenty parts of distilled water, with four parts of oil of peppermint. During convalescence no medicines are commonly required, and all that is necessary is to caution the patient against premature exertion, and to prescribe a proper dietary.

Modification of Pirogoff's Operation.

Prof. WILLIAM PIRRIE, of Aberdeen, describes as follows, in his late work on surgery, his own modification of Pirogoff's operation:—

"The surgeon, standing on the left side of his patient, with the heel, in the first step of the operation, directed towards himself, and having with his left hand taken hold of the soft parts, and drawn them a little backward, so as to secure greater breadth of flap, inserts the knife on one side in front of the malleolus, carries it down across the sole of the foot, and upward to the corresponding point, just at the front and upper part of the other malleolus, taking care to direct the incision so as to pass opposite to the part where the posterior portion of the astragalus rests upon the calcaneum, and to use the knife energetically, so as to cut through all tissues down to the bones. By this single movement of the knife a clearance is made for the saw, by a few movements of which the portion of calcaneum behind the astragalus is speedily cut off

from the rest of the bone, the section being from below upward and a little backward, so that the portion remaining in the flap will be a little longer from behind forward, below than above. The assistant having slightly changed the position of the leg, so as to make its posterior part to rest upon the table, the surgeon, by a second movement of the knife, unites the extremities of the first incision by a slightly semilunar incision, using the knife boldly, so as to cut through every tissue in front of the bones, and then, by a few slight touches below, admits of the flap being brought back, and makes a clearance for the saw. By a few movements of the saw the bones are cut through immediately above the ankle, and this extremely simple amputation is completed by little more than two movements of the knife, and two sets of movements of the saw."

Reviews and Book Notices.

BOOK NOTICES.

A System of Midwifery, including the Diseases of Pregnancy and the Puerperal State. By Wm. Leishman, M. D., Regius Professor in the University of Glasgow, etc., etc. Philadelphia: H. C. Lea, 1873. pp. 715.

This volume is a reprint from advanced sheets of the English edition. A careful perusal satisfies us that Dr. Leishman has fully succeeded in presenting a "complete system of the midwifery of the present day." He has handled the whole subject in a manner to convince the reader that he is eminently familiar with all the modern works of merit. Amid the host of books teeming from the press, on this and kindred subjects, we cannot recall one which will surpass it in richness of detail, or in the attractive manner in which the subject matter is presented. The promise of the title is fully carried out, the author employing the word "midwifery" in its largest signification, as "that science and art which has for its object the management of woman and her offspring during pregnancy, labor, and the puerperal state."

On the subject of anæsthesia in labor, we are glad to see that our author takes conservative ground, unlike too many of our eminent accoucheurs, who recommend and even urge the employment of ether and chloroform, particularly the latter, in almost every case of labor.

On the treatment of Puerperal Eclampsia his views so fully coincide with our own that we cannot refrain from giving a quotation: "The sedative and narcotic effects of this drug (hydrate of chloral) are well known; but it is not so generally understood that when it is pushed further, it produces an anæsthetic effect, under the influence of which a woman may be delivered without experiencing the slightest suffering. We can, without hesitation, corroborate much of what has been advanced of late in regard to the marvelous effects of this drug in the treatment of convulsive diseases. When given in what we may call ordinary sedative doses (not more than thirty grains), its effect is safe, and in most cases efficacious; but, should we think of giving larger and repeated doses, we should bear in mind that very alarming symptoms are occasionally produced, and that death has even been the result of what we might consider quite an ordinary dose." He quotes from the *Gazette des Hopitaux* as follows: "A woman of 21, pregnant for the first time, who had suffered for 15 days from œdema of the lower limbs and of the eyelids, from headache, somnolence, great weakness, and frequent calls to urinate, was admitted to the Hospital of La Charité, under the care of M. Bourdon. On her admission, a large quantity of albumen was discovered in the urine. Three days passed without any appreciable change in her condition, but on the fourth day a violent attack of eclampsia took place, which lasted for ten minutes. During the period of resolution, an enema, consisting of four grammes (a little more than one drachm) of hydrate of chloral, was administered, after which the patient almost immediately fell asleep. At the visit on the following morning labor had not commenced. Foreseeing the probability of a renewed attack, M. Bourdon had the injections prepared, each containing four grammes of chloral. The first was administered at ten o'clock in the morning, just as labor had commenced. The second was given two hours afterwards. At three o'clock the labor terminated, without the woman having experienced the slightest pain. On the evening of the birth a second eclamptic attack took place. A draught containing four grammes of chloral was at once administered; she had a quiet night, and no fresh attack occurred; the œdema rapidly disappeared, and the patient left the hospital fifteen days afterwards."

When treating of Uterine Inertia, he ex-

presses his views clearly and judiciously relative to the use and value of the forceps and of ergot, two agents upon which the profession greatly differ. While we agree with Dr. LEISHMAN as to the exaggerated belief as to the dangers of ergot, yet we believe that in too many instances the members of the profession prefer it when the forceps are indicated, and are, in fact, the only proper aid to be employed. It has been our lot on many occasions to be summoned in counsel with a practitioner who either did not possess a pair of these invaluable aids in the practice of midwifery, or was incapable or timid in their employment. We would not be understood as counseling a recourse to the forceps unnecessarily or indiscriminately, but observation has shown us that in too many instances nature is expected to take her course, when timely aid would have given great relief hours before, and not only have saved much suffering, but perhaps the life of a child, or have prevented the inception of dangerous sequelæ to the parturient female.

As usual, the publisher presents the volume in such a charming style, with such excellent typography, etc., that it is a pleasure to peruse it.

Transactions of the American Ophthalmological Society, Ninth Annual Meeting, July, 1873. Wm. Wood & Co., 27 Great Jones Street, New York, 1873. pp. 112.

In glancing over these "Transactions" we regret finding so few practical hints, such as would be appreciated by our country friends and the busy city physicians, who are always pleased in finding all practical matter selected. concisely arranged, and transferred to our pages.

Before entering upon a critical examination, we pause to notice with commendation the letter of the late president of the society, Dr. Williams, of Boston (who by the way was honored, and the country he represented, by being Vice President of the last International Ophthalmological Congress, in London, 1872), to the committee, on the proposed monument to be erected in Berlin, to the late Professor Von Gräefe, in which letter there was acknowledged a subscription of six hundred and twenty dollars, from gentlemen residing in other American cities, and of the society. Such international courtesies go to constitute a strong bond of union between the United States and our European cousins, and are always appreciated and reciprocated by them in true fraternal spirit.

The first paper is "A Case of Intra-Ocular Glioma," in which the disease remained latent for twenty months after perforation of the cornea, by O. F. Wadsworth, M. D., of Boston, Mass. This is a very rare form of disease of the eye, in which the diagnosis panophthalmitis was made as the most probable. This case, with reference to the opinion of the other oculists of Boston, proves that, as yet, they have not made much progress in this department, no matter how carefully the symptoms were laid down, even considered characteristic, by the late Von Gräefe, also to be found in the work of "Knapp on Intra-ocular Tumors," pp. 23–124. One stated that it was atrophy of the globe, and another chemosis of the conjunctiva of the left eye, and Dr. Wadsworth only discovered the true disease after the removal of the eye. The second and third papers are on "White Sarcomatous Intra-ocular Tumor," and "White Fusiformed Cell Sarcoma Enucleation" (of what?), by B. Joy Jeffries, M. D., Boston, Mass. These cases are of little value, as many such have been reported, and much more carefully related histories may be found, with plates, in Knapp's monograph before referred to. It strikes us as a little curious that such a society should not have a committee on malignant growths, whose duty would be either to confirm or deny the malignant character of all suspected specimens, by the microscope, before publication.

Article 4 is another of the same class.

Article 5. "Demonstrations of Pathological Specimens," by H. Knapp, M. D., of New York. These are four in number, and are all of interest to the pathologist, being well authenticated rare specimens, and are worthy of careful study by those interested, as they are from a master in his department.

Article 6. "Sclerotitis Depending on Gouty or Rheumatic Diathesis," by Henry D. Noyes, M. D., New York. No. 1. Gouty inflammation of the tissue of the orbits and eye balls, requiring iridectomy; relief by the operation, subsequent death, and autopsy, in which was found only acute inflammatory changes. This would seem to show that the plan of treatment by local active depletion and rest is the best. No. 2. Gouty kidney, dropsy, cachexia, acute scleritis, iridectomy, relief, afterwards relapse and cure

by iodide of potassium. In the acute form, leeches, cold water, and atropine and Rochelle salts.

Article 7. "A Case of Wound of the Sclera Treated by Suture," by T. R. Pooley, of New York. For the introduction of this method we are chiefly indebted to Dr. Thomas Windsor, of Manchester, England. The edges are adjusted and the wound in the sclerotic is united by a fine suture, the needle being made to pass through each lip of the wound from within outward, using a fine silk thread with a needle attached at each end; this is Mr. Bowman's method, and he has resorted to this procedure twice with success; in one case he first made an iridectomy.

Article 8. "Report of One hundred and fourteen Extractions of Cataract," by H. Knapp, M. D., of New York. These were made during the last four years, with a loss of thirteen eyes. In the losses he included all cases that could not count fingers at the distance of a foot. One hundred were operated on by Gräefe's method, with a loss of twelve eyes, thirteen by Weber's method, of which one eye was lost, six months after the operation. One eye was operated on by Le Brun's method, with $S\frac{20}{20}$, but with extensive anterior synechiæ. He has given up Weber's method, on account of its uncertainty, and follows Gräefe's with the following deviations: "The *centre of the flap* touches, or nearly touches, the upper transparent margin of the cornea. The section is as linear as Gräefe's, with partial return of the flap. "I *circumcise* with a cystitome that portion of the *anterior capsule* which corresponds to the whole space of the pupil, after a broad iridectomy has been made, and endeavor to remove the circumcised piece of capsule with the cystitome or the forceps." "Where I did not succeed, the piece of capsule mostly came out with the cataract. In expelling the lens, I gently depress the posterior lip of the wound with a broad spoon, and press upon the cornea from its lower margin upward, while an assistant steadies the eye with the fixing forceps."

Article 9. "Report of Twenty-five Cases of Median Flap Extraction," by Henry W. Williams, M. D., of Boston, Mass. These cases have been operated upon since October, 1872, the upward section being made according to Le Brun's method in nine cases, the lower section according to Liebreich in sixteen. Anæsthesia by etherization in all the cases. One eye was lost by hyalitis; one could only see the time by a watch. Two other cases had partial closure of the pupil, and three will require a secondary operation. So that there were twenty-one obtained good vision, reading ordinary print, though in three patients the number of glasses was not recorded through inadvertence.

Article 10 and 11. "Herpes Zoster Ophthalmicus of the Left Side, Causing Loss of the Corresponding Eye, and Subsequent Loss of the Opposite Eye," by H. D. Noyes, M. D., of New York. In the tabulated cases of Hybord, ninety-eight in number, no case of loss of sight in both eyes is related.

In article 10 two cases of the same disease is related by Dr. Jeffries, destroying the eye. Dr. Hybord concludes his analysis of 98 cases: "1st, ophthalmic zona is a herpetic eruption developed over the territory of the first branch of the trigeminal; 2d, ocular alterations coëxist with the cutaneous eruption, the most important of which are keratitis and iritis. These may exist together or singly; keratitis more frequently than iritis." Dr. J. regrets not being able to add something satisfactory in reference to treatment.

In our own treatment of "shingles" we have found nothing so valuable to relieve the pain as the hypodermic use of morphia and atropine, while the eruption upon the face and near the eye is painted with tincture of iodine, so that if it is confounded with erysipelas, which it is apt to be, no harm can result to the patient. Nitrate of silver has been found to add to the patient's pain and discomfort, while it is proper to use a solution of atropine to relieve irritation of the nerves.

We have two suggestive papers, by Dr. Darby, of Boston, and Green, of St. Louis, in anticipation of the International Ophthalmic Congress, to be held in New York in 1876, on the importance of an accurate record of all operations for cataract, and the results of the same, with a cataract register, with the form of the corneal section.

We conclude our notice by stating that the other papers are valuable, but not of a practical character, with the exception of the last, which we shall publish with its illustrations, being a description of some new and valuable instruments, which are of interest to all the members of the medical profession, who now all treat, examine, and the majority even perform, the minor operations on the eye and its appendages.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEB. 7, 1874.

D. G. BRINTON, M.D., Editor.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editor disclaim all responsibility for statements made over the names of correspondents.

NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

THE PHTHISICAL CONSTITUTION.

An interesting question, related to the general advantages of physical exercise, has been discussed recently by the English writers.

The old idea that a person with narrow chest, stooping shoulders, and thin limbs is peculiarly liable to consumption, while one with ample thorax, erect figure, and full muscular development is not in danger from it, must be materially modified. The death from this disease of the prize-fighter HEENAN—probably in his best days the most magnificently formed man in England or the United States—illustrates that no amount of muscular training is a guarantee against the tuberculous change.

In his work on *Diseases of the Chest* (p. 221), Dr. WATERS, of Liverpool, speaks very decidedly on this point. "We cannot say," his words are, "that there is any conformation of the body which is characteristic of the phthisical. I have seen men and women with the best developed frames, and with the most ample chests, attacked with phthisis."

Similar statements have been, since Dr. WATERS wrote, urged on the attention of the profession by Dr. WILKS, of London. The fact is, that tubercular patients, the persons who most frequently die of phthisis, are well made, have a good skeleton framework, straight limbs, a good chest (a little flattened perhaps), good teeth, and an active, intelligent mind. The patients, moreover, as a rule, dislike fermented and alcoholic beverages and fats, but are fond of active bodily exercise. But these proclivities, if greatly indulged in, tend to accelerate the onset of pulmonary consumption; for, be it observed, tubercular disease of the lungs shows itself at that period of life when the respiratory apparatus comes into more active employment.

Dr. WILKS characterizes as erroneous most of the views on this subject entertained by some members of the medical profession,

but more especially by the extra-professional practitioners of the healing art. These erroneous opinions are that tubercular subjects are underbred, small, and have ill-formed chests, which require to be developed by active exercise and the respiration of over-oxygenated air.

From these Dr. WILKS entirely dissents, and asserts that the tubercular patient has not ill-developed lungs which need extra physical exertion to bring them into a normal state, but agrees with the late Dr. BARLOW, who held the opinion that tubercle was developed in an organ according to its functional and vascular activity. This opinion is confirmed by the observations of ROKITANSKY, who has found that cyanotic patients—that is, those persons in whom there is an habitual preponderance of venous blood—are remarkably free from tubercular disease of the lungs, and that persons who have disease of the heart, or any malformation of the chest which entails a deficient arterialization of the blood, possess a similar immunity from this affection. He even says: "Nay, it is an important fact that with the establishment of a deformity of the spine in the shape of a gibbosity, even when owing to tuberculous caries of the vertebræ, the tubercular crasis is forever rooted out, in consequence of the narrowing of the thoracic spaces."

In spite of this, and the well-known fact that many persons who have indulged in great physical exercise, as boating-men and athletes, frequently die of acute phthisis, many writers advise physical exertion for tubercular patients. Quite recently a physician has advanced the hypothesis that tubercle is unconsumed carbon, and recommends physical exercise for its oxygenation and consequent removal. On the other hand, other observers have endeavored to show that consumptive diseases are aggravated by an excess of oxygen. Whatever may be the value of these theoretical speculations, it will be found, as a matter of fact, that persons suffering from tuberculous disease of the lungs are benefited by rest and injured by severe exercise. Rest, combined with a nutritious diet, may yet be found to be the best for consumptive patients. The beneficial influence of rest to a diseased lung may often be observed in cases where an abscess of the pulmonary tissue has perforated the visceral pleura and evacuated itself into the pleural cavity, giving rise to collapse of the lung and consequent repose.

The value of climatic peculiarities is also undergoing a new estimation. Cold climates, even markedly cold and wet climates, such as that of the Hebrides and Iceland, are asserted to be more advantageous than warm ones, especially than those which are moist and warm.

NOTES AND COMMENTS.

Diagnosis Extraordinary.

A Dr. R. Lewins, has recently written a book on *Life and Force*, rampant on physical theories. His diagnosis of an event in Sacred History is quite characteristic. It is as follows:—

"The conversion of Paul resolves itself into an apoplectiform attack of the nature of sun-stroke with temporary amaurosis, a very common sequel to protracted cerebral tension and excitement; the probable proximate cause of the paroxysm, the active symptoms of which only lasted three days, being exposure to the noon-day blaze of an Eastern sun."

Extreme Darwinism.

Colonel Marshall, of the Bengal Staff Service, lately wrote an account of the Todas, one of the aboriginal tribes of India. The Colonel is evidently a Darwinist to the core.

"Formerly it was the custom among the Todas to kill female children, one or two girls being considered enough in a family, but the practice has now died out. An old woman used to take the child as soon as it was born and suffocate it by pressing a cloth over its mouth and nostrils. For this she received four annas, which is equal to sixpence. Colonel Marshall accounts for the present disparity of numbers between the

sexes by supposing that the result of long continued infanticide has been to create a male-producing variety of man."

Quinine Pill Mass.

M. Berquier, of Provins, in the *Repertoire de Pharmacie*, suggests the following formula for a quinine pill mass:—

℞.	Sulphate of quinine,	30 grains.
	Powdered gum,	5 "
	Glycerine,	10 "

Mix the gum with the glycerine and then incorporate the quinine, beating it well in a mortar.

This is said to give a mass of good pilular consistence, which retains its softness, and can be easily rolled into pills. It can readily be worked up with other ingredients, and is not bulky. Three grains of this mass are equal to two grains of sulphate of quinine.

The Atomic Theory.

An able article in the *Saturday Review* presents the reckless assumption of finality by the atomic theory in forcible argument, as follows: "The point in dispute is, whether the hypothesis of the truth of the atomic theory is necessary to explain chemical phenomena, and whether it is sufficient to explain the phenomena of physics. And here evidence is sadly against the theory. The chemist must remember that his methods of analysis are no longer the subtlest that we have. The spectroscope and the polariscope tell us of structure and heterogeneity where the chemist finds only uniformity. He would have us believe that iron is nothing but an agglomeration of like atoms without definite arrangement. In however small quantities it be, its properties are the same; no combinations into which it enters suggest the idea that it has been resolved into component elements, so that he would have us believe that it is composed of uniform atoms, like and indivisible. But the spectroscope tells us a different tale. It shows us that these pretended atoms, when heated sufficiently, send off scores of different kinds of light, each kind perfectly definite and separately recognizable; and as we know that each of these must have a different rate of vibration, which again must have been excited by a source having a like rate of vibration, we see at once that this would-be atom is a wondrously complex system."

Albuminuria from Cold Bathing.

Dr. Geo. Johnson, of London, calls attention to the action of cold baths in producing albuminuria. In one case he reports, the patient, until within a few days of the time when the albuminuria was first discovered, had been bathing almost daily in the sea, from half to three-quarters of an hour at a time. He had felt fatigued and chilled, and on one occasion had vomited, after coming out of the water. The only previous illness had been diphtheria ten years before. The transient albuminuria is believed to have been caused by the repeated and prolonged immersion in cold water; and it is suggested that, as acute Bright's disease is not unfrequently excited by exposure to cold and wet, there is danger lest the frequent recurrence of temporary albuminuria the result of prolonged cold bathing, and the consequent repression of the cutaneous secretion, may lead to permanent mischief and to structural degeneration of the kidney.

Dr. Southey says such examples of albuminuria from cold are common, but he has not known them to be so temporary.

St. Germain Tea.

This long tried remedy, so justly recommended by Hufeland and others, in habitual constipation, is made as follows: Elder flowers, 275 grains; fennel seed, 90 grains; anise, 75 grains; bitartrate of potass, 75 grains; senna leaves, 360 grains. Mix well. The senna leaves are to be previously steeped for twenty-four hours in alcohol, which is to be allowed to evaporate spontaneously. The whole is to be divided into twelve packets, and the patient is to take a cup of infusion prepared with one of them every morning.

Croton Oil in Nævus.

Dr. E. De Smet, of Brussels, gives an account in *La Presse Med. Belge*, of a nævus which he rapidly cured by pricking with pins dipped in croton oil. The nævus was near the lower lid of the right eye, and had been treated by vaccination without effect. It was about the size of a half-franc piece. Dr. de Smet fixed fifteen sewing needles in a cork, so that the points projected about two millimetres. Having dipped them in croton oil he placed them over the nævus, which they had been so arranged as just to cover, and then by a sudden push of the

cork he plunged them into the tumor. A little swelling and a few vesicles were seen next day. A crust formed in another day, and under it the vessels had some of them become invisible, others contained little clots. A little of the oil was brushed over the nævus, and this application was repeated three days later. No other treatment was required, the nævus having completely disappeared.

Important Point in the Treatment of Frozen Limbs.

It is well known that after a limb has been frozen by exposure, no matter what care is exerted in restoring the circulation *gradually*, there remains a capillary stasis, a blue color, and great danger of violent inflammation and gangrene.

Dr. Bergmann, of Dorpat, recommends and has successfully practiced *vertical suspension of the limbs*, which promptly disperses the venous stasis of the period of reaction with its attendant dangers. If, as is most common, the feet and legs have been frozen, they should be held considerably higher than the trunk, so as to facilitate the reflux of blood to the heart.

The New Local Anæsthetic.

The observation of Horwath, of Kiew, that absolute alcohol at a temperature of 20° Fahr. is a most efficient local anæsthetic, deserves to be remembered and acted upon. He finds it far superior to cold ether, or ice, or the spray of volatile substances.

A Cause of Nightmare.

Many children, and some grown-up folks, suffer terribly from nightmare. A frequent and hitherto unknown cause has been pointed out by Dr. Warrington Howard. He found in some cases the attack greatly aggravated by *enlarged tonsils*, and entirely dispersed when these were removed.

Bromide of Calcium.

This remedy, suggested by Dr. Hammond, has been investigated by Dr. Guttmann, of Berlin, whose paper appears in the *Allgemeine Medicinische Central-zeitung*, December 6th. The latter finds it about one-third or one-fourth as strong as the bromide of potassium, and disagrees entirely both with Dr. Hammond's clinical and chemical theories of its value.

Therapeutical Notes.

SYKOSIS.

This troublesome affection is treated in the Canstatt hospital by *acetic acid*. The beard is cut short, scabs are removed by poultices, the parts are for several days anointed with tar ointment, and the hairs plucked out, and then the acetic acid painted over the diseased surface. It is painful, but usually one application is enough.

POWDERED COAL-TAR FOR WOUNDS.

M. Magnis-Lahens, of Toulouse, adds charcoal to coal-tar (33 per cent. of the latter), and thus obtains a light and porous powder, which does not irritate wounds, and which is easily washed off with cold water. This combination is a very useful mixture of two antiseptic substances. The charcoal absorbs the gases formed by fermentation, coagulates the albumen, and prevents its decomposition; thus effectually assisting the carbolic acid contained in the coal-tar.

Correspondence.

Chloral and its Use.

ED. MED. AND SURG. REPORTER:—

In the issue of the 10th Jan. two of your correspondents give their opinions upon certain questions concerning hydrate of chloral. With the opinion of Dr. Robert G. Allen, as to the length of time that it may be allowed to remain in solution, we fully concur. From Dr. Charles T. Reber's opinion, however, we dissent; not that "we hope to cure *all* cases of asthma with chloral," but that we do hope and expect to cure a certain per cent., confer positive relief to a greater per cent., and injure none.

In the last sentence of Prof. Trousseau's lecture on Hæmoptysis (Trousseau's Clin. Med., sec. 29, p. 541), attention is called to "the small reliance to be placed on theoretical explanations, and of the value of empirical facts, without which, indeed, therapeutics would be a nullity." With such a noble authority to back us, we make bold to assert *our* "empirical facts," as far as they bear upon the questions discussed by the aforementioned gentlemen.

We assert further, that chloral is the best known remedy for whooping cough in the whole materia medica. Our favorite formulary is as follows:—

℞.—Chloral hydrat.,	℥iv;
Aquæ puræ,	fl.℥ss;
Syr. simp.,	fl.℥iss;
Ol. gaultheriæ,	gtt. vj. M.

This we keep constantly prepared, and

never knew it to fail us from long keeping. As a pure hypnotic, we order of the above one to two teaspoonfuls every hour until sleep is obtained.

Upon the accession of a paroxysm of asthma a full dose is to be taken, which often cuts it short; further treatment to be governed by circumstances.

In whooping cough we order from fifteen drops up to the adult dose, every four or five hours, according to age. We direct the remedy to be given steadily for a number of days, increasing the doses at night, and finally push it until they sleep after every dose, if the cough is not moderated or arrested. And we claim that it *will* arrest it, cut it short, abort it, in a large majority of cases. These are "empirical facts" gathered from a tolerably large experience. We instruct those using the above never to dilute it with water when about to take a dose, but with syrup. Water seems to develop the bad taste of chloral, which is its great drawback. Yours fraternally,

R. L. Moore, M. D.

Spring Valley, Minn., January, 1874.

Preliminary Education of Medical Students.

Ed. Med. and Surg. Reporter:—

In looking over this morning's *Ledger* my attention was attracted to a short editorial on Legal Education, containing the following sentences: "At the suggestion of the Board of Examiners, two reforms have been adopted by the Courts, which are likely in time to produce good results. In the first place, it is now necessary that law students, before being registered, should pass an elementary examination on all the branches of a good English education, and show themselves sufficiently prepared and qualified to commence the study of the law."

Struck with the plain, straightforward common sense of this reform, and with its peculiar appropriateness to medical education, I determined to ask your kind consideration of these remarks.

Why should not those desirous of studying medicine, before entering college, be required to pass such an elementary examination? There is not the slightest doubt in my mind of the need of it, after sitting beside a man in clinic and seeing him spell phagedenic "fadge," or hearing a man in quiz say, "there is two bones," or "that there one is the largest," etc., etc.

And yet the reasoning, cultivated physician talks of the opprobrium thrown on the profession by certain of its members. Is it any wonder, after a knowledge of these facts? Have I not heard it said that a farmer, when he has provided for all his boys, save one, and knows not what to do with him because he exhibits no peculiar talents except those for "doin' nothin," cuts the Gordian knot of perplexity by sending him to Philadelphia to study medicine!! He comes here, attends his two courses, writes a thesis, and, heaven save the mark! graduates from the University or Jefferson. He goes back "to hum," and is now a great man—a doctor. As such, he stands by bedside after bedside (while the cultivated physician of the place has nothing to do), orders a certain routine of remedies, and perhaps by the ignorant use of instruments occasions the life-long distress of some worthy woman, and, summum bonum of country practice, makes money.

A Member of the Class of 1873-4,
University of Pennsylvania.

Philadelphia, January 22, 1874.

News and Miscellany.

Philadelphia Obstetrical Society.

The Honorary members of this Society are limited to twelve, and the Corresponding members to twenty. The following list embraces those elected:—

Honorary.—Drs. Robert Barnes, London; J. Braxton Hicks, London; Alfred H. McClintock, Dublin; J. Matthews Duncan, Edinburgh; Karl Braun, Vienna; Edward Martin, Berlin; Carl Schroeder, Erlangen; A. H. de Paul, Paris; A. Courty, Montpellier; C. J. Fabbri, Bologna.

Corresponding. — Drs. Fordyce Barker, New York; T. G. Thomas, New York; J. Marion Sims, New York; T. A. Emmet, New York; E. R. Peaslee, New York; Nathan Bozeman, New York; Isaac E. Taylor, New York; Abraham Jacobi, New York; J. V. P. Quackenbush, Albany; Charles E Buckingham, Boston; Wm. H. Byford, Chicago; Theophilus Parvin, Indianapolis.

Associate.—Drs. Hiram Corson, Conshohocken; Jacob Price, West Chester; Trail Green, Easton.

Schuylkill County, Pa., Medical Association.

The Schuylkill County Medical and Surgical Association met at the office of R. T. Hylton, M. D., Minersville, on Tuesday, January 6th, 1874, at two o'clock, P. M. The meeting was called to order by Philip Weber, M. D., President, and resolutions were passed stating why this Association refused to unite with the Schuylkill County Medical Society, the reason being that the latter admitted and continued in membership physicians openly engaged in the sale of quack nostrums.

The Siamese Twins.

The Twins, whose death we recorded in our last, were 63 years of age. The circumstances of their decease were as follows:—

On the Thursday previous the brothers were at Chang's residence, and the evening of that day was the appointed time for a removal to Eng's dwelling. The day was cold, and Chang had been complaining for a couple of months past of being very ill. The road leading from the two houses was very rough and frozen. Early in the evening they started upon their journey in an

open wagon or carryall, and in a short time arrived at Eng's. Chang became chilled by the exposure and complained of being very cold, while his partner was in apparent good health, and grumbled because he had to sit by the fire. They retired that night, and in answer to an inquiry from the sick man's wife on Friday, he stated that he was much better.

On Friday evening they retired to a small room by themselves and went to bed, but Chang was very restless. Some time between midnight and daybreak they got up and sat by the fire. Again Eng protested, and said he wished to lie down, as he was sleepy. Chang stoutly refused, and replied that it hurt his breast to recline. After a while they retired to their bed, and Eng fell into a deep sleep. About four o'clock one of the sons came into the room, and going to the bedside discovered that his uncle was dead. Eng was awakened by the noise, and in the greatest alarm turned and looked upon the lifeless form beside him, and was seized with violent nervous paroxysms. No physicians were at hand, and it being three miles to the town of Mount Airy, some time necessarily elapsed before one could be summoned. A messenger was despatched to the village for Dr. Hollingsworth, and he sent his brother, also a physician, at once to the plantation, but before he arrived the vital spark had fled, and the Siamese twins were dead.

Dr. Hollingsworth made an examination of the bodies, and found the "gordian knot" or band which connected them to be an extension of the sternum for about four inches in length and two in breadth. The band was convex above and in front and concave underneath. The two bodies had but one navel, which was in the centre of the band, and it is supposed that there were two umbilical cords branching from this.

The connecting link was found to be the ensiform cartilage, and was as hard as bone, and did not yield in the least. It is also stated that for some time previous to their death no motions were observable in the band. The Doctor said he did not think they would have survived a separation, not from the fact of being afraid of separating the arteries, but from fear of producing peritonitis. No hemorrhage would have been produced, so far as could be seen, as there were no arterial connections of any account.

The Brain of Agassiz.

Agassiz expressed a wish that his brain should be carefully examined after death. An autopsy was accordingly performed by Dr. Maurice Wyman, which revealed the following anomalous condition:—

Cranium brachycephalic, falling off abruptly from the middle of the sagittal suture. Greatest antero-posterior diameter, 197 mill. met.; greatest lateral diameter, 163 mill. met.; these measurements made before the removal of the skin. Depth of frontal bone, measured externally at the median line, 5½ inches=135 m. m.; length of sagittal suture, 5 inches=128 m. m. The walls of the skull were thick and heavy; the dura mater exceedingly adherent to the bone and remarkably thick. The pia mater moderately transparent. Along the arachnoid veins were white lines indicating chronic thickening; the veins themselves rather more injected than usual. The cerebral sulci were deep and wide. On each side of the median line, near the anterior ascending convolution on the left, and the posterior ascending convolution on the right, was a depression which might have held a prune-stone or a little more. The brain tissue around was diminished without evidence of disease. The arteries at the base of the brain showed evidence of extensive chronic disease of their lining membrane, with narrowing of the calibre of the carotids. The basilar artery was apparently a continuation of the left vertebral alone, the right vertebral being represented by an exceedingly small vessel which united the basilar with the inferior cerebrellar, the latter being merely the prolongation of the exceedingly small right vertebral. The left vertebral was larger than usual, larger even than the basilar. In these unusually arranged arteries were very important changes. Commencing at an inch below the anterior edge of the Pons Varolii and extending downwards, the walls of the left vertebral artery were stiff, in part calcified, and its linings loose. At half an inch from the point just mentioned, immediately over the left olivary body, was a reddish-yellow, opaque, friable plug (thrombus) completely obstructing the vessel; still lower was another more recent, but probably ante-mortem plug. The first was one-quarter of an inch long, the second four inches long. A third plug, an inch long, was above the first, and touching it. Opposite the middle of the pons there was atheromatous degeneration of the basilar artery.

The walls of the internal carotids were also in part calcified. The posterior part of the right cerebrellar lobe (the side on which the vertebral artery was exceedingly small) was softer than usual, the corresponding foliations swollen and indistinctly defined, indicating disease of this part, probably consequences of the changes in the arteries.

The weight of the entire brain was 53·4 avoirdupois ounces—1495 grammes; allowing a diminution in the weight of the brain from the age of 35–40 years, at the rate of one ounce avoirdupois for each ten years elapsed, the greatest weight of the brain may be estimated at 56·5 avoirdupois ounces.

Weight of right anterior lobe (separated with the fissure of Rolando for a guide), 234 grammes; weight of left anterior lobe, 233 grammes.

Health Officers and "Highjinnicks."

President White, of Cornell University, has made an exposure of the ignorance of New York health officers. One of the latter

having been brought up for examination before the Chief, to refute this general charge, was asked whether a family suffering from small-pox had had any care. He replied, "yes, sir; they had highjinnicks (hygienics); they doctored themselves." With the remaining officers "highjinnicks" was used as the test of their ignorance. Each one was asked whether there were any "highjinnicks" in his district, and not a single one detected the absurdity of the question. One was asked if he knew the meaning of the word, after he had said that a portion of his district was afflicted with it, and he replied, "yes, sir, I do; it means a bad smell arising from dirty water." President White ascribes this ignorance of men appointed to guard the public health of New York to a general lack of knowledge of the importance of the subject of health preservation and disease prevention.

Personal.

—Dr. Livingstone is, we fear, really dead this time, from a dysentery contracted in the marshes between Bembe and Unyamyembe.

—Dr. Francis D. Webb, the editor of the London *Medical Times and Gazette*, died suddenly, of cardiac disease, December 23d, 1873, at the age of 47. He was a popular and successful writer.

—Dr. Henry William Fuller, author of the well-known work on Rheumatism, and other productions, died in December, in London, from pyæmic and pulmonary disease, in the fifty-sixth year of his age.

—Dr. Zacharie has presented a petition to Congress asking $46,000 for services as a chiropodist, or corn doctor, in operating on the feet of Union soldiers during the war. His claim is supported by testimony of Federal officers.

A National Board of Health.

The Congressional House Committee on Commerce, on January 28th, authorized the chairman to report the bill to prevent the importation of contagious or infectious diseases into the United States.

It provides that the surgeon-generals of the army and navy, and the supervising surgeon of marine hospitals, of the Treasury, shall constitute a board of health, with the power to establish and enforce such rules and regulations as are necessary to prevent the importation of contagious diseases, and the regulations, when approved by the President, shall have the force of law. It does not allow any interference with State or municipal regulations.

Curious Brain Stimulant.

It is related that Goethe called on Schiller one day, and not finding him at home, seated himself at his friend's table to note down various matters. He was soon seized with a strange indisposition, from which he nearly fainted, but finding it proceeded from a dreadful odor, he traced it to a drawer, which he found full of decayed apples. He stepped out of the room to inhale the fresh air, when he met the wife of Schiller, who said her husband kept the drawer always filled with rotten apples, because the scent was so beneficial to him that he could not think or work without it.

MARRIAGES.

GARRETSON—SCHAEFER.—In Cincinnati, O., January 7th, 1874, at the residence of the bride's father, Mr. C. B. Schaefer, No. 231 Laurel Street, Elder A. I. Hobbs officiating, Mr. George C. Garretson, M. D., and Miss Catharine S. Schaefer, both of Cincinnati.

GEORGE—ATWOOD.—In Chatham, Nov. 26, by Rev. W. Livesey, assisted by Rev. Mr. Day, Hiram M. George, Principal of the High School, and Miss Nina M. Atwood, daughter of Dr. Joseph Atwood, of Chatham.

HARRIS—STOKES.—In this city, on the 7th inst., by the Rev. Charles E. McIlvaine, Charles McIlvaine Harris, M. D., and Mary, daughter of the late T. J. P. Stokes, M. D., and granddaughter of the late Charles Stokes.

KELLAR—ENDRES.—Tuesday evening, January 1st, 1874, at Dayton, Ohio, by the Rev. David Winters, D. D., M. B. Kellar, M. D., and Sallie Endres, all of Cincinnati.

ROGERS—TROUT.—On the 5th inst., by the Rev. Samuel E. Webster, Dr. B. H. Rogers, United States Navy, and Mary C. Trout, of Bart, Lancaster co., Pa.

SIBBS—RAMSEY.—On the 8th inst., by the Rev. John Ewing, Dr. J. B. Sibbs and Mary A. Ramsey, both of Clinton, New Jersey.

SIMPSON—BRAUN.—On Wednesday evening, January 7th, by the Rev. Elliott Swift, D. D., in Allegheny City, Pa., W. C. Simpson, M. D., and Miss Mary R. Braun, all of Beaver County, Pa.

THOURON—SMITH.—In this city, on Tuesday, January 8th, by the Right Rev. James F. Wood, Nicholas Thouron and Anna Dutilh, daughter of Francis G. Smith, M. D.

ZELL—JOHNSON.—November 27th, by the Rev. Calvin W. Stewart, J. W. Zell, M. D., and Mary J. Johnson, all of Lancaster County, Pa.

DEATHS.

BROWNELL.—At Auburn, January 7th, aged 88 years, Mary, wife of Dr. Moses Brownell.

COOK.—At Hackettstown, N. J, on January 10, Lewis C. Cook, M. D., aged 55 years.

HOWELL.—In New York city, on Tuesday, 6th inst., William S. Howell, M. D.

LANE.—In New York city, entered into rest, on Wednesday, January 21st, Jane Maria, wife of Adolphus Lane, and daughter of the late John Stearns, M D., in the 74th year of her age.

MCCOOK.—At Morrison, Illinois, on January 6th, 1874, Dr. Geo. L. McCook.

MURSICK.—In Nyack, January 19th, of convulsions, Julia, only child of Dr. George A. and Julia Mursick, aged 10 months and 5 days.

SEWALL.—In New York city, on Sunday morning, the 18th inst., Dr. John G. Sewall.

TOWNSEND.—At No. 211 West Fourteenth street, New York city, January 8th, in the 65th year of his age, John Fondey Townsend, M. D., only son of the late Charles De Kay Townsend, M. D., of Albany.

WAGSTAFF.—Lost at sea, by sinking of the Ville du Havre, on November 22, 1873, Helen Jay, youngest daughter of Dr. Alfred and Sarah P. Du Bois Wagstaff, in the 21st year of her age.

WILLIAMS.—In New York city, on Wednesday, December 3, 1873, Merrill W. Williams, M. D., in the 73d year of his age. His remains were taken to Colchester, Conn., for interment.

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Original Department.

Communications.

ON THE USE OF SULPHATE OF CINCHONIDIA IN MALARIAL FEVERS.

BY WHARTON SINKLER, M. D.,

Attending Physician to the Episcopal Hospital and to the Philadelphia Orthopædic Hospital.

There is no doubt that one of the greatest blessings conferred upon mankind was the discovery of Peruvian bark; and even had the Jesuits been the cause of greater evils than are accredited to them, they are, nevertheless, entitled to the gratitude of the human race; for it is to them that we owe the introduction of cinchona into the practice of medicine.

Since it was carried into Europe, in the year 1632, its use has extended vastly, and the only difficulty now is to supply the demand for the various alkaloids of the bark. In fact, the crude material itself is becoming difficult to obtain in sufficient quantity. It is for this reason that the cultivation of the cinchona tree has been attempted in countries where it is not indigenous, and the British Government has turned attention to its growth in India, and so far with success.

Many of the alkaloids of the bark have been used, but none have attained the degree of confidence with which quinine is regarded throughout the world. There is one great drawback, however, to its use in many instances, and that is the high price that it commands. Its costliness puts it out of the reach of the poorer classes, and even those in better circumstances complain of the expensiveness of the medicine which we are obliged to give in so many disorders. I know that all physicians have experienced this to their disadvantage, and often wish for a cheaper remedy for malarial diseases. Many substitutes have been brought forward, but none have proved of any special value.

Chinoidine, or Quinoidine, has been used with admirable success in the treatment of intermittent fever, and it possesses the advantage of being obtainable at a low price; but not only does it make an inelegant mixture, which offends the eye and disgusts the palate, but it is apt to disorder the digestion.

During the months of July, August and September of the past year, I had the opportunity of using, in the wards of the Episcopal Hospital, an alkaloid of cinchona bark which has recently been put into the market by Messrs. Powers and Weightman, manufacturing chemists of this city. This is the sulphate of cinchonidia. It is isomeric with cinchonia, and is in long, silky crystals, resembling very much in appearance sulphate of quinia. It is slightly more soluble in cold water, and has a somewhat less bitter taste than the latter salt.

For some years there has been known what was called cinchonidia, but its composition was uncertain. It contained, however, both cinchonidia and quinidia; in some specimens the former was in much the largest proportion, and in others the reverse was the case. This preparation was used with success by Dr. Cullen in 129 cases of intermittent, in 1855 (Amer. Jour. Med. Sci., Vol. xxix, p. 81), and also by the late Prof. Pepper (Med. Exam., Vol. x, p. 523), who

stated that he believed it to be more efficacious than quinine in malarial fevers.

The article which we are now considering is a pure sulphate of cinchonidine, and can be purchased for between one-third and one-fourth the price of quinine.

The Madras Commission, appointed by the British East Indian Government to test the value of the other alkaloids of cinchona bark than quinine, stated that they found quinidine and cinchonidine of almost equal value with quinine as an antiperiodic. Their report was made in June, 1868, and sums up the result as follows:—

"Most of the medical officers employed in using the alkaloids seem fully impressed with the belief that they are equally or very nearly as efficacious as quinine, and as already shown, the mass of information furnished in the tabular reports proves that the belief is well founded.

"In regard to the relative effects of the three new alkaloids, and with them chemically pure sulphate of quinine, the evidence derived from their use shows that, with the exception of cinchonine, as already stated, they in a remarkable degree so closely resemble each other in therapeutical and physiological action as to render distinctive description of little or no practical utility."

In the report of the same Commission in October, 1868, Dr. Fogo writes:—

"In small doses all the alkaloids produce the same therapeutic effects, that is as tonics, anti-periodics, and anti-neuralgics. Hypodermically and internally they have proved successful.

"In large doses they are all equally energetic, and produce their effects rapidly. They have been successfully used as anti-periodics and febrifuges.

"We have now three alkaloids in addition to quinine, all of great power. Quinine appears to be the most active and certain in its effects, and from long-established reputation it is not likely to be superseded by any of the other alkaloids, at least, not until they become more known. In many constitutional peculiarities where quinine cannot be borne, these alkaloids will be found good substitutes, and they can all be substituted for each other."

Dr. Bensley, of Midnapore, whose therapeutical report treats mainly, and his statistics entirely, of the collective value of the alkaloids, makes the following distinctive remarks of cinchonidine:—

"It is admirably suited to those cases requiring a tonic or febrifuge, in which at the same time there is a great tendency to diarrhœa, or diarrhœa already exists. Among the cases will be found two in which quinine produced irritation of the bowels, but cinchonidine was well borne. None the less valuable is it in consequence of the mildness of its influence on the nervous system, in those cases which, from peculiarity of constitution, are ill able to bear the more powerful alkaloids."

Dr. Bensley concludes by saying:—

"I have used cinchonidine extensively in the fevers of children, on account of its mildness, and because it is less liable to produce head and bowel disturbance than other alkaloids. Upwards of thirty of my cases were children varying in age from one to nine years. I have such confidence in it that it is now the only preparation I prescribe for children."

The whole number of cases on which this report was based was 2272.

Dr. Joseph Dougal, Surgeon in the Madras Army, gives, in the *Edinburg Medical Journal*, for September, 1873, the result of treatment in 108 cases of malarial fevers, mostly of the quotidian type, by these alkaloids. The conclusion he arrives at is that, next to quinine, quinidine is the most active, that cinchonidine is but little inferior, and cinchonine the least efficacious.

In my own investigations with cinchonidia, I determined simply to compare it with quinine in the treatment of intermittent fever, and therefore administered it in the same dose and manner in which it is customary to give quinia in our Philadelphia Hospitals, in the above mentioned disease. The formula used was:—

℞.	Cinchonidiæ sulph.	gr. iv.
	Acid sulph. aromat.,	♏iv
	Aquæ,	fʒj. M.

This dose was given every four hours, beginning as early in the day as possible, until grs. xvj had been taken. The same amount was continued until five or six days after the last chill, when the dose was reduced to grs. xij a day. After a day or two more but six or eight grains a day were given. There were seventeen cases of malarial fevers in which the cinchonidia was tested. Of course this is not a sufficient number upon which, alone, to base any positive conclusions, but the result of the treatment was confirmatory of that of the Indian physicians, and was so eminently satisfactory that I report the cases briefly, in order that other physicians throughout the country may have the opportunity of testing the antiperiodic and tonic properties of cinchonidia.

Case I. Quotidian.—R. H., æt. 30, sailor, admitted July 17th. Three years ago, and again three weeks ago, he had chills, and was cured each time by quinine. Six days

ago, while on board ship near Boston, was taken with a chill, and has had one of an hour's duration each day since. On the day of admission he took cinchonidia grs. iv, but the chill returned as usual. On the next day he had grs. xvj before the hour for the paroxysm, and it did not recur. He continued to take grs. xvj a day, but on the 25th he stated that during the previous night he had had several slight chills. He was discharged July 28th, having had no further return of his disorder. On August 20th the patient was readmitted, having been again exposed to malarial influences and having had two chills. Was given cinchonidia grs. xvj a day, until August 29th, when it was reduced to grs. xij. On September 1st it was increased for a day to grs. xvj. Discharged September 22d, having had no return of chills.

Case II. Tertian.—J. D., laborer, æt. 35, admitted July 22d, 1873. For five days has been suffering from chills, and has taken no medicine. Placed at once on cinchonidia sulph.; had taken but grs. viij before the hour for expected paroxysm, and had no chill. Was given grs. xvj daily until July 27th, when it was reduced to grs. xij. On the 30th, however, having had a slight chill in the evening, he was given grs. xvj a day for three days. Discharged well, August 4th.

Case III. Quotidian.—L. M., æt. 30, laborer, admitted July 25th. Has been sick for five weeks; for the first two with tertian, and for the last three weeks with quotidian intermittent. For some time he has been under treatment at the Out-Patient Department of the Hospital, and has been taking quinine and quinoidine without relief. On admission was put on cinchonidine, and took grs. xij before the hour for the chill, and had no paroxysm that day. Was discharged August 2d, having been nine days under treatment and having had no more chills.

Case IV.—O. A., æt. 17, admitted August 6th. One year ago had an attack of malarial fever which lasted three months. For five weeks before admission has had chills at irregular intervals, and suffered from periodical headaches. Quinine had been given without success, and his stomach was very irritable. Was ordered liq. potass. arsenit. gtt. vj three times a day, which had the effect of stopping the chills, but in six days the toxic effect of arsenic were observed and it was suspended. The chills then returned, and he was anæmic and very weak. He was now given cinchonidia, grs. xij daily, until the 22d, when he had a slight chill, and he was given grs. xvj daily for four days. Under this treatment the headaches became less violent and occurred at longer intervals, and when discharged, September 6th, they had ceased altogether. The irritability of the stomach disappeared while he was taking the cinchonidia, and he had no return of chills.

Case V. Quotidian.—G. B., æt. 36, sailor, admitted August 11th. Has had a chill followed by severe headache every day since the 3d ult. Has never had malarial fever before. Had cinchonidia, grs. xvj daily, and left the Hospital August 18th, having had no chill nor headache while in the institution.

Case VI. Quotidian.—L. E., æt. 36, laborer, admitted August 20th, having had one chill daily for six days. From the 20th to the 28th was given cinchonidia, grs. xvj a day. From August 28th to September 2d was given grs. xij daily, when the specific treatment was suspended. The patient was in the Hospital until October 6th, for some other ailment, and was then discharged well, having had no symptoms of a malarial nature since his admission.

Case VII. Quotidian.—R. W., æt. 35, sailor, admitted August 25th. Eight years ago, while in Peru, had ague for four months. Since then he has been free from it until the present attack. Was at sea on August 21st, when he was seized with a chill, and he has had one each day until admission. Was given cinchonidia, grs xvj daily, until August 29th, when it was reduced to grs. xij. When first seen there was marked tenderness over the spleen. He was discharged September 1st, having had no return of chills and the splenic tenderness having subsided.

Case VIII.—Catharine W., domestic, admitted August 28th. For a week she has had chills at irregular intervals. Was placed upon cinchonidia, grs. xvj daily, for three days, when, there having been no tendency to return of chills, it was reduced to grs. xij a day. On September 6th she had a slight chill in the evening, and the medicine was increased to grs. xvj a day. She was discharged September 16th, having shown no malarial symptoms since the 6th.

Case IX.—M. L., æt. 23, sailor, admitted August 29th. Has had chills at irregular

intervals for five weeks. Had the last paroxysm on the day of admission. Was ordered cinchonidia, grs. xvj a day. On September 4th it was reduced to grs. xij. Discharged well, September 8th.

This patient had been in the Hospital from June 13th to July 8th, for intermittent fever, and was given from twelve to sixteen grains of quinine daily. Was discharged well, but in seven days returned with a relapse. Was again treated with quinine, grs. xvj a day, and was discharged July 22d, to return a second time in seven days with another malarial attack.

CASE X. Quotidian.—I. H., æt. 35, sailor, admitted September 9th. One month ago, while lying in the James River, he was taken sick with malarial symptoms. He had no marked chill until September 4th, since when he has had one paroxysm each day. Was given cinchonidia, grs. xvj for five days. For three days he took grs. xij a day, and after that time grs. xvj were administered daily until his discharge, September 27th. No chill after admission.

CASE XI.—W. B., æt. 23, engineer, admitted September 18th. Six weeks ago he had intermittent fever, of the tertian type, for a month. He then had no chill for a week, but had one on each of the two days before admission. Took cinchonidia, grs. xij, the day he came in, and he escaped the expected chill. After this the patient was given grs. xvj daily, and was discharged September 25th, having had no recurrence of the chills.

CASE XII. Quotidian.—O. G., æt. 28, sailor, admitted September 20th. Had been with his vessel at Richmond, Va., for some time, but was not taken sick until September 15th, while at Delaware Breakwater. He states that on the 15th he had two chills during the day and two at night, and the paroxysms returned in the same manner until the 18th. He had taken some quinine and had had no chill for twenty-four hours before admission. Was put on cinchonidia, grs. xvj a day, and was discharged September 27th, having had no recurrence of the chills.

CASE XIII. Double quotidian.—J. R., æt. 34, sailor, admitted September 20th. This patient was from the same ship as case xii, and had also taken some quinine before admission but does not know how much. Had two chills daily on the 17th, 18th and 19th, and one after coming into the Hospital, on the 20th. Was given cinchonidia, grs. xvj a day, until his discharge, September 27th. He had no return of chills after treatment was begun.

CASE XIV.—H. S., æt. 26, sailor, admitted September 27th. In June, while lying in his vessel in the Potomac River, near Washington, he contracted intermittent fever. Since then he has had chills at irregular intervals. Sometimes a paroxysm daily for a week, and then none for several days. He has taken quinine from the beginning of the attack, but without relief. His last chill was on September 25th. On admission, his spleen was enlarged and tender on pressure. Was ordered cinchonidia, grs. xvj a day. On October 12th the cinchonidia was suspended, as he had had no symptom of a relapse since his admission. When this note was taken, on October 20th, the patient was still in the house, under treatment for bronchitis, but had had no evidence of malarial trouble.

CASE XV. Quotidian.—J. H., æt. 50, weaver, admitted October 2d. Has had a severe chill daily, since September 2d. On October 3d the patient was given cinchonidia, grs. xvj, but had a slight chill about three P. M. On the fourth he was given grs. xx, and escaped the chill. From the 5th to the 7th took grs. xvj daily, and for the next two days grs. viij. On the 9th and 10th was given grs. xx each day. The dose was then reduced to grs. viij a day, and the patient was discharged October 24th, having had no return of the chills.

CASE XVI.—M. N., æt. 24, laborer, admitted October 10th. Has been sick for two weeks with general debility, loss of appetite and strength. On October 6th he had a chill, and one on the 7th, 8th and 10th. Was given cinchonidia in the usual manner, and was discharged November 3d, having had no return of his sickness.

The following case was communicated to me by my friend, Dr. S. R. Knight.

CASE XVII.—Mrs. A. B., has been suffering from quotidian intermittent during the months of July, August, and the early part of September. The treatment has been quinine, grs. xviij a day, in doses of grs. ij, every hour before the time for the paroxysm. This treatment acted only as a palliative, for as soon as it was suspended relapses occurred. About the middle of September the patient had a recurrence of her chills, and Dr. Knight gave her grs. xij of cinchonidia one day, and the next day grs. xvj. By this

means the usual paroxysm was prevented. The patient was afterwards put on arsenic and iron, and up to November 8th had not had another chill.

Many of these cases were sailors who had been exposed to intermittent fever in our Southern rivers, and who had become thoroughly saturated with the malarial poison. Of the seventeen cases, nine were of the quotidian type.

In cases 3, 4, 9, 13, 14 and 17, quinine had been administered and had failed to relieve the disorder. In number 17 the quinine had been pushed until its most marked effects were produced, as ringing in the ears and headache; but as soon as the medicine was suspended the chills returned. In all of these cases there was prompt relief from the use of cinchonidia.

In only three cases was there any relapse while the patients were under observation, and they were all kept in the Hospital for some days after they seemed entirely well.

In none of these cases did I observe any unpleasant effect from the use of the drug. Unlike quinine, cinchonidia caused no headache, ringing in the ears, or disordered vision, and there was no disturbance of digestion. In fact, in case 4, while the patient had been taking quinine his stomach became disordered, but under the use of cinchonidia the gastric irritation subsided.

SOME PRACTICAL HINTS FOR THE TREATMENT, AND FOR THE PREVENTION OF UTERINE DISORDERS.

BY WILLIAM GOODELL, M. D.

Physician in Charge of the Preston Retreat; Clinical Lecturer on the Diseases of Women and Children, in the University of Pennsylvania, etc.

(*Continued from No.* 884.)

Polypus of the Womb.—For all practical purposes, a uterine polypus may be defined as a stalked or sessile tumor, hanging from the mucous surface of the womb, and partaking of the same histological characteristics as the stroma from which it springs. It usually occurs singly, but I have removed two from the uterine cavity, which, like gall stones, were flattened on the surface of impact. It is most probably the result of a perverted nutrition, brought about by some congestive or inflammatory action of the womb, just as a nasal polypus owes its being to a chronic catarrh.

The most common symptom evoked by a polypus is hemorrhage, but the amount bears no proportion to the size of the tumor. At times the menstrual flux appears at the usual period, but is excessive; more frequently the interval shortens; then, again, blood may dribble away more or less all the time. Other symptoms are leucorrhœa, vomiting, and expulsive pains, the last two as the result of uterine distention.

The polypus ordinarily met with is the small glandular variety, which appears to consist of one ovule or more of Naboth. In size it rarely exceeds a marrow-fat pea, and is found just within the os externum, or hanging out of it. Since it retreats before the finger into the cervical canal, and thus escapes detection, a speculum should always be used. A bivalve is here the best, because, by making the os gape widely open, it may reveal one so high up in the canal as to be beyond the reach of the finger. From its soft and slippery nature, it eludes the grasp of any ordinary forceps, and, therefore, should be either snipped off with a pair of scissors, or twisted off with a fenestrated forceps (Fig. 18.) Any tendency to hemorrhage can be controlled by an application to the stump of fuming nitric acid.

FIG. 18.

Polypi that start from the uterine cavity grow to a much larger size, and, when first discovered by the physician, are rarely smaller than a hickory nut. Varying much in size, they will be found either wholly in the vagina, or partly in the vagina, and womb, or wholly within the uterine cavity. Whenever they hang loosely in the vagina, or dangle partly out of the dilated os, like the clapper of a bell, there is no difficulty or hazard in their removal. They can often be twisted off, but no great force must be used for this purpose, lest the root of the pedicle should wrench off a portion of the uterine wall. They can be snipped off with a pair of scissors curved

on the flat; or the pedicle can be first put on the stretch, and then scratched through with the nicked nail of the index finger, just as a blunt knife severs the strands of a rope when tightly stretched. The safest, and therefore the best plan, is, however, to noose the pedicle with the loop of the écraseur. Should the polypus prove so large as to fill up and greatly distend the vagina, it may be impossible to reach the pedicle. In such a case different plans may be pursued, but the tumor must be got away by hook or by crook. One method is to cut off as large a slice as possible by a very strong wire loop slipped up as high as it will go. On the removal of this slice the rest of the polypus will descend still lower, so that at a second or third trial the pedicle will be reached. The risk from hemorrhage is not very great, even when the tumor is of large bulk. Before the écraseur came into use, I once assisted at an operation in which a very large polypus was removed with a curved pair of scissors. Although the pedicle was not reached until two large slices had been cut off, each after an interval of a week, no hemorrhage requiring a tampon took place.

Another plan consists in seizing the growth with the midwifery forceps, or by two very strong volsellæ, and in dragging it outside of the vulva. The wire loop of an écraseur can then be thrown around the pedicle. If this instrument is not attainable, the pedicle can be sawed off by a fine but strong piece of hempen twine, in the same manner as a bar of soap is often cut into equal pieces. If knotted at two or three points, the twine will sometimes cut better. Either method reduces the risk of hemorrhage to a minimum. As these very large tumors often spring from the cervix, care must be taken to follow down the reflected fold of the vagina upon the cervix, so as not to apply the twine or wire so high up as to include a portion of the womb or of Douglas' pouch. One hint with regard to the wire écraseur: Whenever no great power is needed to cut through the noosed pedicle, each end of the loop may be fastened to the traveling button. But when the object to be cut off is large, the one end of the loop should be fastened (as represented in figure 17) to one of the immovable bars projecting from the shaft near the handle, and the other end twisted around the traveling button. Since only one end of the loop now travels, the movement is slower, but the half-sawing action thus gained greatly increases the power, and lessens the chance of having the wire snap.

Inversion of the womb being a very rare accident, is for this reason very liable to be mistaken for a polypus. When a polypus, partly projecting from the uterine cavity into the vagina, has contracted adhesions with the margin of the os, the diagnosis between it and an inversion of the womb may be very difficult. Sometimes the womb is partly inverted by a polypus, and the inverted portion may be mistaken for the pedicle. To make out this diagnosis, remember, first, that, unless directly after labor, the tumor of an inversion is scarcely larger than the non-gravid womb. Hence, a voluminous tumor distending the vagina cannot be simply an inverted womb. Next, pass up the sound, and if it indicates a length of two inches and a half, or more, beyond the edge of the os, the tumor is not an inverted womb. If it cannot be made to enter more than an inch, the womb is probably partly inverted. If no cervix and no uterine cavity can be discovered, and the tumor is not larger than the non-gravid womb, it is very likely to prove an inversion of the womb. To confirm the diagnosis, give ether, pass up the index finger, or even half of the hand, into the rectum, and try to reach above the tumor. If inversion be partial, a cup-like depression, like the bottom of a bottle, will be found where the fundal vault should be. If inversion be complete, the womb will be absent from its accustomed site. Sometimes, however, in spite of these methods, the diagnosis will still be doubtful. Stab now the tumor with an acupuncture needle, and if the woman flinches, it is the womb, and not a polypus, for the latter is not sensitive. Again, to make sure of no error in this matter, withhold all anæsthetics, and tighten the loop of the écraseur very slowly. If now the woman complains of great pain, some portion of the womb has been noosed. Hence, in doubtful cases, the inference is plain never to use anæsthetics while the pedicle is being cut through.

When a polypus, starting from the fundus, contracts adhesions with the os, these must be broken up by the fingers or cut through with the scissors, before the true pedicle can be reached. The *tapiroid* cervix, adverted to under the subject of prolapse, may be mistaken for a polypus. But as the remedy in each is the same, no harm

will accrue from a false diagnosis. The tale told by the existence of an os externum, and of a uterine cavity, should never permit a completely prolapsed womb to be mistaken for a polypus.

The intra-uterine polypi are by no means so easily disposed of as the other two varieties. The first difficulty in the way is to discover the growth; for it may be so small as not to enlarge the womb appreciably; the cervix may not be effaced or the os dilated; or the sound may impinge upon the polypus and deceive the physician by a false measurement. Since the most prominent symptom is hemorrhage, the first thing to be done, when this persists, is to explore the uterine cavity with the finger. For this purpose the canal of the cervix must be dilated by tents, and in the manner previously described; due heed being paid to the caution of effecting this dilatation, if possible, with but one batch of tents. This method of gaining the cavity of the uterus will not, however, always be necessary, and here is a hint worth remembering. During the catamenial flux, the temporary increase in the bulk of the tumor, through congestion, together with the resulting labor-like pains, so opens up the canal as often to permit the passage of the finger. This fact should be explained to the woman, else her innate feeling of delicacy would cause her to shrink from an examination at such a time.

An intra-uterine polypus having been discovered, how is it to be removed? By adopting the following plan, somewhat modified from that of Dr. Kidd, of Dublin, I have not yet been foiled: The woman is first etherized, and afterwards brought in the dorsal decubitus to the edge of the bed, where each leg is supported by an assistant. The operator now seizes the anterior lip of the os with a volsella, drags the womb down as low as possible, and then entrusts the instrument to one assistant, with the injunction to hold it steady. Meantime the other assistant renders efficient aid by keeping up a firm supra-pubic pressure upon the fundus. The operator next introduces the index finger of his left hand into the uterine cavity, and by it as a guide seizes hold of the polypus with a second volsella. He now tries to twist the tumor off, but, for reasons previously given, with no great force. Failing in this, he, in order to gain more room in the vagina, removes the first volsella, and slips the wire loop of an écraseur over the handles of the second. This volsella is now put in the hands of an assistant, who makes firm downward traction with it, while the operator proceeds to slide the loop up beyond its claws and over the polypus. When the pedicle is reached, he draws in the slack of the loop, but, before tightening it, causes the traction of the volsella on the polypus to be relaxed, and then pushes up the fundus of the womb with the shaft of the écraseur. The object of this manœuvre is, not only to restore the vault of the fundus if it has been partly inverted by the traction on the polypus, but also to get the loop close up to the root of the pedicle. A few turns of the windlass in the handle of the écraseur now cuts off the polypus, which, being still held by the volsella, is finally extracted. In like manner may the projecting portion of a submucoid fibroid be shaved off flush with the uterine wall. The remaining portion is then usually expelled later by the process of spontaneous enucleation. Should the physician not possess an écraseur he may, perhaps, be able to scratch through the pedicle with the serrated nail of his index finger, or sever it either with a curved and probe-pointed bistoury, or with a long pair of scissors curved on the flat. Sometimes he may be able to saw through the pedicle by a piece of twine carried up and worked by means of Gooch's double canula.

A polypus once removed never returns, but a second one dwarfed by the pressure of the first may now rapidly grow. There is, however, a sarcomatous growth of peculiar malignancy, hitherto referred to by writers under the name of "recurrent fibroid," which may deceive the physician into the impression that he is dealing with a simple polypus, and lead him to give, as I once did, a favorable prognosis. It bleeds very freely, emits a very bad odor, and feels much like placental tissue. The structure is so friable as to break down under very slight traction. The constriction of the portion protruding from the os gives the idea of a pedicle; but on following it up with the finger, it will be found to have no circumscribed uterine attachment, but to lose itself in an analogous intra-uterine mass. The woman always perishes eventually, but life may be prolonged by scraping and gouging away all of the growth possible, by cauterizing the surface from which it springs, and by using the remedies recommended for cancer of the womb.

In concluding this subject, let me urge the importance of removing a polypus found in the vagina during either gestation or labor, or in the uterine cavity after delivery. For, from the injuries it will sustain, or has already sustained from labor, it is very liable to become gangrenous and to kill the woman by putrid or purulent absorption.

[*To be Continued.*]

Hospital Reports.

PHILADELPHIA HOSPITAL.

SERVICE OF JOHN H. BRINTON, M D.,

One of the Surgeons to the Philadelphia, and to the St. Joseph's Hospitals, etc.

SURGICAL CLINIC.

Wednesday, January 14, 1874.

Varicocele.

GENTLEMEN:—I have many cases of interest to bring before you this morning, not the least of which is this man. He suffers from an affection which is known as varicocele, and I shall operate upon him, in the hope of effecting a cure; before, however, doing so, I wish to say a few words concerning the pathology, symptoms, and treatment of this not uncommon malady.

By varicocele, surgeons mean a varicose condition of the veins of the spermatic cord. Recall to your minds, if you please, the anatomy of this structure; you will recollect that the testicles as they hang in the scrotum are supplied with blood through three channels. There are *first*, the spermatic arteries, arising from the front of the aorta, and distributed to the substance of the testicle; *secondly*, the deferential arteries, vessels of considerable size, arising from the superior vesicle, closely adherent to and distributed upon the vasa deferentia; and *thirdly*, the cremasteric arteries, coming from the epigastric and supplying the coverings of the cord. These branches of supply are represented upon this diagram, and if you look closely you will observe that there is here shown a large loop of communication upon the testicle between the deferential and spermatic arteries. I shall refer presently to the anastamosis and its importance.

I hold now in my hand a preparation of a varicocele. It was taken from the body of an old man many years ago, and the vessels have been carefully injected with wax, and have been dissected. Notice, if you please, how large is this mass of veins, usually referred to in your anatomical books as the corpus pampiniforme. These veins are in a *varicose* condition, that is, they are dilated, and tortuous; they are increased in length and in breadth Their calibre has been augmented, and their walls have, in some places, been thinned, and in others they have been thickened. During life they must have held a far greater amount of blood than was natural, and doubtless were a source of great annoyance and suffering to their possessor.

I have said that this condition is one of varix; and it is doubtless caused by the same predisposing circumstances which give rise to varices in other portions of the economy. It is unquestionably a most common affection, and is very frequently met with about the age of puberty. Mr. Curling, of London, who has written on this matter, states that in patients suffering under varicocele he has often found weakness in other veins, especially in those of the lower extremity. Other surgeons believe that this malady has no direct relation whatever to varices of other veins. I myself have for twenty years closely observed all cases coming under my notice, and I confess that I look upon varix of the spermatic cord as entirely independent of all other similar conditions. Some months since I brought before you a fearful case of varix of the saphena, pudic, epigastric and superficial circumflex iliac veins, and yet those of the cord had escaped.

At a venture I should say that the chief causes of varicocele in the young are such as tend to produce undue excitement, prolonged and continued, of the genital organs. In the old man, instead of, perhaps I should say, in addition to the predisposing circumstances I have mentioned, we have acting those causes which tend to interfere with or bar the return of the blood to the general circulation, to wit, constipation in all its forms, fecal accumulation and pressure.

A striking peculiarity of this affection is its frequent occurrence upon the left side of the body, and its very great rarity upon the right. This fact has attracted much attention, and many reasons have been offered in explanation. The chief of those assigned have been, the position of the testis, lower upon the left than upon the right side; the pressure of the sigmoid flexure of the colon, especially when distended with feces, upon the left spermatic veins; the angle of junction, which is formed by the left spermatic and the renal vein, and the pressure of the viscera upon the left renal vein as it passes across and rests upon the aorta.

I long since made up my mind that the above causes, referred to by writer after writer, although probably believed in by few, were really insufficient to account for the phenomena in question. I therefore made a long series of dissections, with the following results, which I published in the *American Journal of the Medical Sciences*, for July, 1856.*

1. That the causes hitherto assigned were insufficient to account for the rare occurrence of varicocele upon the right side.

2. That the cause of the non-occurrence of

*Description of a valve at the termination of the right spermatic vein in the vena cava, with remarks on its relations to varicocele, by John H. Brinton, M. D. *American Journal of the Medical Sciences*, July, 1856.

varicocele upon the right side was referable to the existence of a *very perfect valve, hitherto unnoticed,* at the termination of the right spermatic vein, in the vena-cava.

3. That no such valve exists upon the left side, at the termination of the spermatic in the emulgent vein.

4. That a similar valve exists in the analogous vein of the female, the *right ovarian vein,* but none upon the left side.

I am glad to be able to state that a more extended anatomical experience on my own part, and on that of others, has borne out the statements I then made; and I really believe that the anatomical arrangement[illegible]ribed right sion left the have uite ion, pes. dia- the ice, ive- lve, on, which acts to receive re- d thus to close the valve.

Clinic on Varicocele
by Stricker
by John H. Brinton Jr M.D
Philadelphia Hospital

Varicocele

urn to the clinical study of our case. This man, a German, is 55 years of age; he has had ~~his~~ varicocele of the left side for some years; it is gradually increasing in size, is productive of great annoyance, and of much pain, and utterly unfits him for work. He cannot earn his daily bread. It is worse in warm weather. And here let me say a word or two relative to the symptoms, generally, of varicocele. The swelling of the left side resembles, as has been so often remarked, a bundle of earth worms; they roll under the finger, and can be mistaken for nothing else. Sometimes the bulk of the venous mass is very great; at other times scarcely larger than normal. You will find, however, that the relative size has little to do with the degree of pain. A small varicocele may sometimes cause great agony, and a large one scarcely any incumbrance whatever, or the reverse may be true. This is a very important matter, and is one which usually guides my treatment. If a patient with varicocele merely suffers some annoyance, a little weight in the testicle, perhaps, with a show of weakness, I content myself with a palliative treatment. If he suffers pain, sharp, shooting pain, with liability to exacerbation on exercise, with sometimes a tendency to orchitis, or epididymitis, and almost always with great mental depression, then I resort to the radical cure by operation.

What is the palliative cure? It is the use of a suspensory bandage. You will be astonished, in practice, to find how few persons understand the proper selection of a suspensory. Most will order or choose some elaborate arrangement provided with a strong elastic or silk band, the effect of which is to draw the testicles strongly up against the crotch, in which position they are liable to be rubbed by every motion of the thigh. Now this is all wrong; a testicle with varicocele is a very tender object, and must be most carefully treated. The best of all suspensories for an engorged or irritated testicle, is the old-fashioned French suspensory, which you can buy for a quarter of a dollar at any apothecary. These dressings simply support the testicle, and if the bag or sac is of proper size, and the buttock strips of sufficient length, they steady the organ, take off all weight, and protect it from the attrition of the thighs. This is a little matter, but just remember it, gentlemen, it will be useful to you some day. If you doubt the soundness of my directions, buy the respective suspensories, strap them on yourself, wear each one a day, and then see which you like best.

But let us suppose that the case for your treatment is one in which the palliative treatment is inadmissible. Perhaps your patient is prevented, by his infirmity, from earning his own living; perhaps his case is one of great physical and mental suffering; what then will you do? Operate by the ligature of the spermatic veins. Refer again to this diagram: here the needle is represented as being carried across from side to side between the vas deferens and the cord. It is then turned backward beneath the skin, and the front of the veins. The veins of the cord are thus included in the loop of the ligature. You will say to me, I am sure, "You tie the spermatic artery as well as the veins; is there no danger of atrophy of the testicle?" There is, I believe, none, for you will observe this great anastamosing branch, to which I have already referred, and which connects the deferential with the lower part of the spermatic artery, and which will still carry sufficient blood to the testicle.

The ligature of the veins is then the operation we will select, and I will practice it upon this patient. Before an anæsthetic is administered to him, I will ask you to examine his scrotum; see how large is this mass of veins, and how the weight of the contained column of blood drags down all the structures, and causes the testicle to hang low; see, too, when he is in the upright position, that the varicose vessels become turgid from the effect of gravity.

I now take the upper part of the scrotum between my thumb and fingers, and roll it a little; as I do so I clearly distinguish the veins, and in the back part the mass I detect a firm, round cord, like a knitting-needle. I squeeze it, and the man experiences a little nausea. Try this experiment on your own person to-night, before you retire. The round cord is the vas deferens, and I am thus careful in fixing its position, in order that it may not be included in the ligature I am about to apply. Retaining my grasp on the vas, I now let the patient lie down, and direct an assistant to give him a little chloroform or ether. I next take this straight needle, armed with an exceedingly strong thread of fine

Italian hemp, and carry the needle transversely across the scrotum, between the vas deferens and the veins. Its point has now emerged; I draw out the needle and reverse its direction, carrying it through the opening of exit, but this time making its point pass in front of the dilated veins, and close beneath the skin. I then draw out the needle and ligature through the first opening of entrance. The whole mass of veins, as well as the spermatic artery, are now included in the loop of the thread, but the vas deferens and its artery are not. I then tie in a tight bow-knot all of the included tissues, having first passed the ends of the ligature through the holes in this big button. The veins are thus completely strangulated, and the operation is finished. The proceeding which I have thus described is the old operation of Malgaigne, itself an improvement upon Gagnebe's. Malgaigne knotted his threads over a conical piece of cork. The button you have seen used is possibly better, but the operation is one and the same thing.

Now what is the after treatment of this case? Simply this: a dose of opium, rest in bed, and, mark the next direction, the constant application of a small piece of ice upon the testicle operated upon. Of course this will be laid upon two or three folds of flannel, to prevent the freezing of the part. I place great stress upon this ice application; without it the testicle usually swells very considerably, and sometimes this inflammatory condition is attended by great pain. You will find that the ice will control this action to a great extent, and I hope to be able to demonstrate this fact to you in the progress of this patient's case.

There is but one other point to refer to, and that is the length of time during which this ligature should be allowed to remain. I usually remove it at the expiration of ten or twelve days, as by that time the obliteration of the veins has been effected by the inflammatory process. Sometimes, when the swelling is inconsiderable, and there is no pain whatever, I allow the thread to remain until it cuts its way out, which usually happens in from eighteen to twenty days, and am then sure of a cure. I shall bring this man before you next Wednesday, so that you may see his condition for yourselves.

Stricture.

I wish now to resume my remarks upon the subject of stricture, at the closing point of two weeks ago. You will remember that I then had both of these men before you. Each of them suffers under an obstruction situated just in front of the membranous urethra. I made the diagnosis in these cases in your presence, and you will recollect that I succeeded in passing through each of these strictures a fine whalebone capillary bougie, and over that one of the tunneled instruments which I exhibited to you. I told you at that time, that the after treatment of these cases would consist in carrying out the work of dilatation which had been so prosperously begun, and that this gradual dilatation could be accomplished by means of flexible instruments. Here are these instruments, and it is concerning them that I would speak this morning.

When you come to talk over this matter of stricture and its treatment with your surgical brethren, you will be surprised, if indeed you have not already been, by the variety and by the strength of the different opinions expressed concerning it. One man will tell you, "I never use soft instruments, I abominate them; the metallic instrument is good enough for me." Another will say, "I regard the metallic instruments as dangerous, I have seen men killed by them, therefore I always employ flexible instruments." Now, gentlemen, each of these speakers might in one instance be entirely right, and in another entirely wrong. For my own part, I employ flexible instruments of every shape, size and form, and I also make quite as extended a use of the various metallic instruments. Look, if you please, at that case of instruments; it is my every day working supply; and see how largely it is provided with every sort of instruments, both flexible and metallic. Now when ought you to use the one, and when the other?

I can but illustrate this matter by reference to the two patients in the arena. This man had a very tight stricture; I overcame it by the whalebone, and in so doing explored it thoroughly, and was enabled to arrive at an idea of its nature. His was a long, tortuous, twisted stricture, difficult to pass in consequence of these very characters. It was admirably suited for the flexible catheter; not at all suited for the metallic unresisting instrument, which would doubtless have caused pain, and possibly, unless carefully used, might have done some mischief. I accordingly used upon this man the flexible catheter, beginning with the smallest size, number one English.

And this leads me to speak of the quality of flexible catheters. Always buy the best; they cost something at first, but they do their work; inferior catheters do not. The English catheters are now-a-days admirably made, and they are a good deal stiffer than the French, and are well suited for stricture. See how I use one on this patient; he has already dilated his stricture up to 8 or 9, and I take catheter No. 9 English. I withdraw the wire, for I scarcely ever use them with the wire in position. I then straighten the catheter, and dip the point of the instrument in hot water, which softens it, and makes it somewhat more flexible. Then oiling it well, I place the patient in the recumbent posture, and run the instrument easily down the urethra. It is now in the narrowed part, and I feel the grasp of the stricture as the softened beak passes on. The stricture is now passed, the instrument is in the bladder, and the water flows. It is for this reason that I prefer the catheter to the bougie. The flow of the urine is most reassuring. Such is this man's treatment. He has learned to conduct it himself

day by day. He is now up to number 9; in a week he will reach number 12, when I shall provide him with a catheter, and have him discharged.

The other patient has a stricture of a different type. His is annular, and short, a mere ring. At the beginning of the treatment, however, it was very tight and irritable. It, too, was first essayed with the whalebone, and it has since been gradually dilated with the flexible English catheter. As far as the anatomy of this stricture is concerned, it was admirably suited for the metallic instrument, but the irritability was so great, and the tendency to urethral fever so marked, that I was obliged to proceed very cautiously, and use the conical soft French instrument I show you here, which is even less irritating than its English sister. The urethral irritability in this case has, however, disappeared; the man can readily pass number 8 or 9, and I am now beginning to use the metallic catheter, which I am quite sure will soon overcome the obstruction, and insure a speedy cure.

But, gentlemen, there is one matter with regard to stricture which you must always bear in mind, to wit: That it is very doubtful if any stricture is ever really cured. It may be dilated, it may be kept in abeyance, and give no trouble for a while, perhaps a long time, by judicious instrumentation; but I very seriously doubt whether any organic stricture is ever really, absolutely cured, beyond all peradventure. I always give my patient some sort of instrument of proper size, and this I direct him religiously to insert from time to time, once a week, or once in ten days, as the case may be. I tell him, too, that should he neglect this precaution, he exposes himself to a return of his trouble. How long this aptitude to return may last I cannot tell. I have seen an old stricture start into new life like an old volcano, after twenty years' quiescence, and again show signs of savage power.

(Med & Surg Rep

Editorial Department.

Periscope.

On Bloodless Operations.

A method of operating with the least possible loss of blood was described by Professor Esmarch, at the second Surgical Congress in Berlin, and has led to a general revival of the various methods in use for that purpose.

The following case, recorded by Dr. Mac Cormac in the London *Medical Times and Gazette*, illustrates one method:—

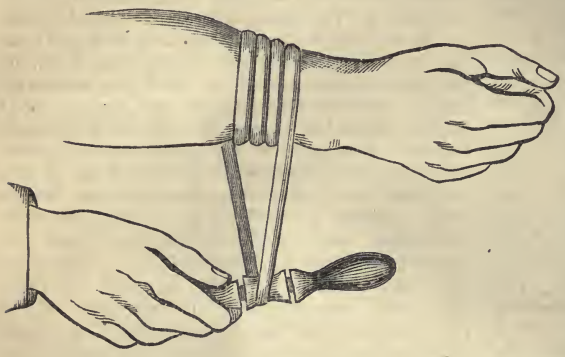
A little girl, 5 years old, struck the left tibia, twelve months ago, against a stone; necrosis followed, and when admitted to Hospital a year afterwards a sequestrum could be felt in the tibia enclosed by a considerable thickness of new bone. Whilst the patient was being chloroformed, I applied, pretty tightly, an ordinary elastic bandage from the toes to the middle of the thigh. The bandage was two inches wide and five yards in length, and, thus applied, the bandage forced all, or nearly all, the blood from the limb into the body. When the patient was fully narcotized, I wound a half-inch india-rubber rope around the thigh, immediately at the upper border of the bandage, and sufficiently tight to obstruct all the afferent vessels. Hooks previously attached to the extremities of the rope furnished a ready means of fastening it, as well as of removing it at pleasure. The bandage first applied was now unrolled, when the limb presented a blanched appearance. The operation was then commenced; some new bone removed, so as to get at and take away a considerable-sized sequestrum. During the entire time not a single drop of blood appeared in the wound; a sponge was not once required, and the facility with which the operation was conducted and finished requires to be seen to be realized. The tissues were divided, so far as bleeding was concerned, just as they might have been on the dead body. This operation was performed in St. Thomas' Hospital, on August 16th, in the present year, Esmarch's method for producing local anæmia being then practiced, I believe, for the first time in Britain.

An improvement on the elastic bandage of Esmarch has been published in the London *Lancet*, by Mr. W. H. Crupps, of St. Bartholomew's Hospital, which we have thought of sufficient importance to have reproduced for The Medical and Surgical Reporter. Mr. Crupp says:—

Esmarch's admirable suggestion of using an elastic bandage to exclude the blood before operating on limbs, and the complete success attending it, are now probably well known. The following is a simple modification of his arrangement, by which many yards of elastic bandage may be dispensed with, and it can be easily and quickly applied.

A short india-rubber tube is used, not only to prevent the blood from returning to the limb, but also for the purpose of removing it in the first place. The two ends of an india-rubber tube, twenty-one inches in length and about three-eighths of an inch thick, are bound together with a piece of twine,

the whole forming an elastic ring seven inches in diameter. A grooved reel revolving between a double handle complete the necessary apparatus.



To apply this to the arm, three or four complete turns of the elastic ring are wound tightly around the hand in such a manner as to include the fingers and thumb, care being taken that the turns lie even and do not cross one another. The reel is then put under the free portion of the ring connecting the upper and lower coil. The reel is passed round and round the limb in an upward direction; thus each coil is unwound from below as another is added above. In this way four tight coils of india-rubber are carried up the limb to any distance required. The degree of tightness can be regulated with the greatest nicety by the distance the reel is drawn from the limb by the bandager.

This method of driving blood from the limb answers perfectly in the arm and in the lower part of the leg; but in carrying the bandage over the popliteal space the flexor tendons prevent the artery being effectually compressed. A firm pad in the space would probably answer the purpose.

To remove the bandage, it may either be unrolled by reversing the action of the reel, or the twine connecting its two ends may be cut with scissors.

The *Gazette Medicale de Paris* reports a communication addressed by M. Demarquay to the Société de Chirurgie, giving the results of his observations as to the efficacy and advantage of this plan. By its application, an amputation of the leg, a removal of the index finger and part of the first metacarpal bone, and an excision of a fibro-vascular tumor from a child's arm were performed without any loss of blood or subsequent bad effects. M. Demarquay goes on to say that before employing this plan he had some fears, which, however, were satisfactorily dissipated. In the first place, he convinced himself of the absence of the pain which he was inclined to ascribe to the pressure, by applying the elastic tubing for fifteen or twenty minutes to the limb of a woman suffering from varicose veins. Secondly, he continues, fears might be entertained that throwing back all the blood of a member into the general circulation would have a prejudicial effect on the system; but this is not the case, as Esmarch, for operations on two limbs in the same person, had them both compressed at the same time without any constitutional mischief accruing. Thirdly, a question might arise as to whether the total arrest of circulation in a limb for a period varying from fifteen to forty-five minutes would not have a detrimental effect on the operation itself, and whether the pressure of the india-rubber tube would not tend to injure the large vessels. On these subjects M. Demarquay has consulted Professors Billroth and Mosetig, and has been quite reassured by them, as well as by Esmarch himself.

Before the Surgical Society of London, Mr. Arnott narrated a case of Excision of the Knee-joint, in which he had employed Professor Esmarch's so-called "Bloodless Method." The points dwelt upon by the author in commenting on the case had reference to (1) the possibility of sloughing following the use of the constricting band, and the length of time during which the pressure might be safely maintained; (2) the effect on the circulation of the compressed limb on the removal of the elastic cord; (3) the difficulty of using the method without chloroform; and (4) under what circumstances the method might be wisely avoided. In briefly remarking on these heads, it was suggested that much of the pain and sudden engorgement of the vessels with blood might be prevented by gradually relaxing the constricting band; and in enumerating the cases in which the employment of the method might be attended with danger, reference was made to instances of septic abscess, the clot-occluded veins about a compound fracture, and limbs already gangrenous. It was also suggested that a possible risk of apoplexy was incurred by suddenly overfilling the circulatory system of aged people, with brittle arteries; and that, although generally beneficial in town practice, the visceral congestions caused by the subsequent plethora in cases of large amputations in robust subjects might seriously interfere with recovery.

Finally, the well-known surgeon, Mr. John Eric Erichsen, writes to the London *Medical Times and Gazette*:—

This method of operating is by no means new, either in principle or detail. I saw it practiced by Mr. Clover more than twenty years ago, in all respects as now done, except that he used a tourniquet without a pad instead of the vulcanized tube; and I have for many years past, certainly in and since the edition of 1854, mentioned it as a matter of common professional knowledge in the "Science and Art of Surgery." Esmarch can lay no serious claim to being the originator of the method. He has the merit of having extended its application to other cases than amputations of the limbs. The tight bandage is as unnecessary as it may be injurious. The Edinburgh plan of securing

bloodlessness in amputations, viz., by simply raising the limb perpendicularly for a few minutes, stroking it gently with the hand from below upwards, and then very quickly and very tightly screwing up the tourniquet band, is perfect, and does away with the danger of compressing inflamed and infiltrated parts by the application of a tight roller applied upwards.

The use of Dittel's elastic ligature appears to me to be simply a return to mediæval barbarism, with the aid of modern appliances. What I have seen of it in practice would certainly not encourage me to have recourse to it for the strangulation, the fetid necrosis, and slow separation of tumors.

The Change of Type in Disease.

Dr. J. F. Duncan, President of the King and Queen's College of Physicians, Ireland, uses the following language in a late address:—

I know there are many persons in the present day who doubt, and others who deny, that there has been any change in the nature of diseases within the last forty or fifty years; yet I cannot shut my eyes to the impression made upon my own mind by what I myself saw when commencing the profession as a student. It was my fortune to witness the prevailing mode of treatment when the antiphlogistic method was still extensively in use; when bleeding, leeching, blistering, calomel, and tartar emetic to an heroic extent were daily employed. The late Dr. John Crampton, whose clinical clerk I was for nearly two years, in the hospitals of the House of Industry, though eminently eclectic in his principles of treatment, was no timid practitioner whenever he considered the use of the lancet necessary or expedient. With him it was the usual practice to bleed cases of scarlatina from eight to sixteen ounces, according to the intensity of the fever, and the cases all did well. There were none of the internal complications so commonly met with ever afterwards seen, and the only case of albuminous anasarca that I recollect meeting with were either cases which had not originally come under his treatment, or in which the mildness of the disease prevented the use of the lancet.

He was further in the habit of using calomel very freely in the treatment of all forms of acute inflammation, giving two grains every third hour, in combination with opium or other appropriate remedies, in a manner which would now-a-days be thought unnecessary or dangerous. Yet my firm conviction is that this heroic treatment was not only borne without injury, but was plainly and unmistakably of use. The recoveries, according to my recollection, were as numerous, as rapid, and attended with as little after-inconvenience as any that are now met with. But while I say this, I am equally convinced that were the same measures to be adopted in the present day we should have a very different tale to tell. I know it is very hard to persuade persons whose observations do not date sufficiently far back to believe in a statement of this kind.

On the Treatment of Emphysema.

Professor C. Gerhardt, of Berlin, as quoted in the Dublin *Medical Journal*, states that the best means hitherto devised for the treatment of emphysema are very insufficient. The catarrhal condition which so frequently accompanies it can be improved by inhalations of solutions of bicarbonate of soda, or by terebinthinates. The imperfectly aërated condition of the blood is best met by the inhalation of compressed air. The same volume of the denser air being inspired, a greater amount of oxygen is absorbed, and a larger quantity of carbonic acid is given off. Various attempts have been made to devise means to facilitate expiration. A method suggested by Berkart, to effect this purpose, consists in adjusting an apparatus to the mouth and nose, from which a tube proceeds to a suction pump, which is worked with each expiration, so as to rarify the air. Gerhardt has adopted, with some advantage, an old method, consisting in making pressure, during expiration, on the chest-walls and on the abdomen. The results of this method are favorable in proportion to the youth of the patient and the flexibility of the cartilages of the ribs. It is very serviceable in cases in which some of the air-passages are blocked up by viscid secretion. While Gerhardt has found very advantageous results from this expedient, methodically applied, he has recognized two dangers in its application, neither of which has, however, had any untoward result. These are, firstly, hæmoptysis, which, no doubt, was the result of the increased pressure of the blood brought about by the external compression; and, secondly, that muscular twitching which was observed to supervene during the process.

Methods in Medicine.

Dr. John Curnow, Professor of Anatomy in King's College, London, remarks, in a late lecture, published in the London *Medical Times and Gazette*:—

It is curious and interesting to watch the different phases of medical literature, and see how, with new means of investigation, and with more complete knowledge of each science, and of its peculiar methods, that science becomes the theoretic pivot on which our practice is made to turn. Thus in so short an experience as my own we have had four distinct schools claiming to govern our therapeutics, viz., the expectant, the statistical, the chemical, and now the physiological.

Of these the "expectant" has been of extreme value, by teaching us to examine the phenomena of disease as they occur, and without the introduction of disturbing elements. By it we have learned the course, duration, and termination, or "natural his-

tory" of the more acute diseases, and the harm that is frequently done by interfering with their normal evolution. "Cutting fever short" is now hardly ever mentioned, even by the public. On the other hand, the practice was often allowed to run to an extreme, and to paralyze our treatment; for we must not forget that lives have undoubtedly been saved by using remedies judiciously and promptly, even in acute affections, *e.g.*, in pneumonia, erysipelas, diphtheria, etc. The expectant plan is but the revival of an ancient system, for the disciples of Ernst Stahl followed nature so implicitly that their practice was named "a meditation upon death."

The "statistical" method has been pushed beyond all precedent by Hughes Bennett, to enforce his so-called restorative treatment of pneumonia, as if all cases called by this name were exactly alike, and as if a few cases described minutely were not worth more than any number of incomplete observations heaped promiscuously together. The fallacies of this method, when thus applied, are so glaring, that one wonders at its ever being resorted to in the decision of individual therapeutic problems.

To the "chemical" school we are certainly indebted for the knowledge of the action of those remedies whose behavior in the organism and in the laboratory is similar, and whose decompositions can be readily followed. Besides the chemical antidotes and escharotics, they are, however, limited to the groups of Antacids and Antilithics or Lithontryptics, and deal only with the secondary effects of the diseases in which they are employed, and so are apt to make us lose sight of the necessity of endeavoring to ascertain the conditions causing the ailments we are treating. This school, although temporarily obscured by other doctrines, has had a long period of supremacy, for its present disciples owe the fundamental ideas of their system to Basil Valentine, Paracelsus, Van Helmont, and their successors, whose extravagances should have been a warning against such unwarranted claims in its behalf as have recently been advanced.

Treatment of Delirium Tremens.

In an introductory address at the Edinburgh Medical School, last November, Dr. GEORGE W. BALFOUR says:—

Forty years ago delirium tremens was regarded as caused by a violent excitement of the cerebrum, which had to be reduced by the most powerful sedatives to prevent death, the axiom being that the patient must sleep or die. Under the influence of this idea, so long as blood-letting was regarded as the great sedative, it was used freely in all such cases. By-and-by, as the importance of sleep and the danger of bleeding became recognized, very full doses of opium were employed, which were scarcely less dangerous than the bleedings they were employed to replace. Shortly after this an American physician, Dr. Ware, pointed out that delirium tremens was a disease which had a tendency to terminate naturally in sleep at the end of sixty or seventy hours, provided only the strength was supported by nutriment; and this was followed by the free use of padded cells, in which the patients, though preserved from the risks of physic, were exposed to various other risks from constitutional exhaustion and exposure to cold, etc.; and with this phase of treatment was associated the dogmatic enunciation that "the doctrine of the definite course and duration of delirium tremens ought to make us slow to entertain any extravagant expectation of materially abbreviating its duration by therapeutic measures." While another authority declared that "food is *the* stimulus, *par excellence*, for the brain which frequent narcotism has reduced to the state in which delirium occurs; . . . . in all these cases the action of food may be supplemented or partially replaced by stimulant doses of alcohol, ammonia etc., but *true narcotics are injurious.*" Unfortunately for the truth of both of these statements, chemistry just at that time supplied us with *a true narcotic*, which not only does no harm, but which actually cuts short within twelve hours what it took nature from sixty to seventy to accomplish. From all this we learn that most important lesson, that our power to cut short disease is limited, not so much by the processes involved, as by our ignorance of the means to be employed, and that a brighter future for therapeutics may be looked for, once we have shaken ourselves free from the idea that the processes of nature cannot be successfully interfered with by art.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A new French journal appeared on the 1st of January, the *Journal de Therapeutique*, edited by Dr. Gubler, assisted by Drs. Bordier and Labbé.

——The *Bulletin de Therapeutique* has changed hands. Its late proprietor, Dr. Bricheteau, directed in his will that it should be made over either to the French Medical Association or the Paris Faculty of Medicine, but upon condition of an annuity of 10,000 fr. being secured to the widow of the testator and 2000 fr. to his mother, 12,000 fr. in all. But the constitution and objects of both these bodies prevented their accepting the offer. The property has accordingly been sold to Dr. Dujardin-Beaumetz.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEB. 14, 1874.

D. G. BRINTON, M.D., Editor.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editor disclaim all responsibility for statements made over the names of correspondents.

NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

DOCTORS' HATS OF PHILADELPHIA MAKE.

A most painful consequence of the delay in stopping the sale of diplomas in this city is the shade of suspicion which now attaches to Philadelphia diplomas from all institutions. In England and Germany, where most readers are not aware of the broad distinctions between the "American University of Philadelphia" and the various other educational corporations which do honor to our city and credit to our country, the mere fact that a diploma is from Philadelphia is liable to lead to some hesitation about accepting it for all that it should be.

We were made painfully aware of this sentiment by observing in the London *Chemist and Druggist*, of December 15, a leading trade journal, the following paragraph in a letter from a correspondent in Germany.

"Since the practice of medicine has been free in Germany we have been overrun in the large towns, and particularly in Berlin, with a number of practitioners who have won their doctor's hat at Philadelphia. Among them there is one who was formerly a journeyman tailor. This gentleman has devoted himself chiefly to syphilitic diseases. He has got together a fair *repertoire* of Latin prescriptions, and has quite an important *clientele*. Naturally his special business is to take money, but he not unfrequently prescribes powerful medicines," etc., etc.

This expression forcibly illustrates the harm the diploma vendors have done our really excellent schools, schools unquestionably unsurpassed on this continent. It further shows how short-sighted and unwise was the delay in revoking their charters, a delay which continued long after abundant proof was in hand to prove the fact of sale.

For months and years the MEDICAL AND SURGICAL REPORTER *alone* pointed out and opposed this nefarious traffic; the proper officers of the regular institutions were told of it by the editors of this journal, both through its columns and by private communication; and these officers were urged to take prompt and effective measures to suppress the

nuisance. Their dilatoriness resulted, as we predicted it would, in working deep discredit to every Philadelphia institution authorized to issue diplomas.

It may be said to us that the part of wisdom is to conceal the doubtful standing of Philadelphia diplomas in Europe. This same rôle of silence is what we were admonished to observe years ago in reference to the sale of diplomas; indeed, more than one suit of libel was threatened us, by way of enforcing the advice. But it is not the policy of this journal to shut its eyes to unpleasing truths. The above quotation is by no means the only one of the same tenor we can produce from European journals within the last year. Let those who long ago were warned by us take this consequence of their neglect of duty home to themselves. Let them do something more, and that is, make a determined and an efficient effort to redeem this city and its educational institutions from the taint of discredit which their former supineness has brought upon them.

We have seen a circular from the quondam Dean of one of the dischartered institutions, claiming that it has been reinstated in its privileges (!) by the Supreme Court; it is strongly suspected that the other and more discreditable concern is still operating. Let these matters be closely watched; let the public abroad, at any rate the medical public, be instructed in the difference between a diploma issued by the University of Pennsylvania or the Jefferson College, and one bought of Buchanan, Sites & Co. This much is owing to the alumni of those schools, to the schools themselves, yes, to the faculties themselves.

If nothing of this sort is done, if this opprobrium and stigma is allowed to rest indiscriminately on all the "doctors' hats won in Philadelphia," it asks no marvel of second sight to foresee a near future when the glory will depart from our vaunted schools, and competitors less chary of their energy and more chivalrous for their honor will outstrip us in the race. Who wants to work years for a diploma of questioned authenticity? Like Cæsar's wife, such a document should be above even suspicion.

CRIMINAL MEDICAL CASES AT ALBANY.

We learn from a valued correspondent that the most extraordinary leniency has been displayed by the U. S. District Court (Judge Hall presiding), lately in session in Albany, N. Y. Three infamous scoundrels who were indicted for sending obscene matter and instruments by mail, pleaded guilty, and were fined the paltry sum of two hundred and fifty dollars each, and discharged. All of these men were old offenders, and advertised extensively to procure abortion, beside dealing in the most obscene pamphlets and books, with all sorts of rubber appliances to increase the amative powers of the sexes. The papers and correspondence seized by the agent of Government showed they had patrons in female academies and colleges, and that they sold lists of correspondents to recruiting agents for houses of ill-fame in cities! In this way many poor innocent girls and women were lured to destruction.

Two of these men were low villains; one a saloon keeper, the other a kindling wood dealer; and under the guise of doctors they had carried on this infamous traffic for years. The third was a regularly educated physician, and member of the Albany County Medical Society (which we regret to say have taken no action in the matter yet), also health officer of the village of West Troy. We give an extract from the details of his case:—

"Orson F. Cobb, late health officer of West Troy, was also indicted, under the name of Orson F. Cobb, *alias* Madame L. Colton. There were five counts in his indictment, all of which related to different articles, such as pills, circulars, etc., all relating to the procuring of abortion. When arrested, a letter from Mr. Comstock was found in his possession, and also a letter was produced acknowledged by him to be in his

handwriting, in which he stated in answer to Mr. Comstock's letter, that if the pills and prescription did not produce the intended effect, on payment of $25 an operation would be performed by a professional man which would prove effectual.

The evidence in this case was most conclusive, and he pleaded guilty. Fined $250.

To plead guilty is to avoid further exposure. Ten cases have been tried in the U. S. Court, of similar offense. Seven of these have been convicted and sentenced, but here are three old offenders who are practically allowed to go free. They will resume business as before, only with a little more secrecy. Justice has failed to punish them and protect the community. The city and county are disgraced by such a farce of justice. These men are more real offenders against law and society than the worst *thief* or *swindler* that exists.

The medical profession is insulted by the presence of such men in the community. What can be done? To expose these men, and hold them up to the world, is but to indirectly advertise them. But in the case of *Cobb*, the Albany County Society have but one duty, which should be recognized at once, viz., free themselves from such an infamous member, or they will have to bear his dishonor. Everywhere the profession should urge that the punishment for such offences by fines is trifling, and inadequate to the crime. The penalty should be severe; nothing less than long years of confinement, of infamy and of thorough disgrace; even this would fail to atone for the offence, but it might deter others from engaging in it.

Notes and Comments.

Therapeutical Notes.

POSITION AND DIET IN ANEURISM.

Mr. Tuffnell read a paper before the London Surgical Society, on the Successful Treatment of Aneurism by Position and Restricted Diet, which was illustrated by cases, preparations, and drawings. The cases were: 1. Aneurism of the abdominal aorta cured in thirty-seven days. The patient, a male, aged 31 years, was a shipwright by trade. Died from albuminuria five months after consolidation of the contents of the sac. 2. Aneurism of the abdominal aorta, cured in twenty-one days. The patient, a male, aged 78 years, was a pensioner from the army. Died three years subsequent to recovery, from old age and general decay. 3. Aneurism of the popliteal artery, cured in twelve days. The patient, aged 37 years, was a trooper in the Royal Dragoons, and is still serving in that regiment.

VALERIAN IN DIABETES.

The assertion is made by Dr. Bouchard, that the extract of valerian is a powerful agent in diminishing the elimination of urea, and the waste of tissue seen in cases of diabetes. If azoturia complicates glycosuria, the urea diminishes more and more.

He adds a curious fact, based on long practice among the Indians of Lower California. The warriors, before entering on an expedition, go through a course of valerian regimen for a month, and render themselves in a fatigue-supporting condition.

MANAGEMENT OF GUNSHOT WOUNDS.

Professor Riverso, of Naples, recommends tar as of great value in flaccid and atonic wounds of this kind, for "it removes the incipient mortification of their surface, and sets up healthy granulation." "Large applications of unguentum hydrargyri gave rise, in the majority of cases, to resolution of traumatic inflammation complicating such wounds."

He warns against the too protracted application of ice to gunshot wounds, as it prevents the return of blood to the injured parts, and tends to accelerate gangrene.

TREATMENT OF INFANTILE CHOLERA.

Dr. Wertheimber, of Munich, advocates the following means in the above disease: First, the use of a preparation of ammonia for neutralizing in the stomach the excess of acid formed by the fermentation of undigested milk; second, tea, which acts beneficially on cerebral activity, and surely against drowsiness, and which, besides, abates the sickness and diarrhœa. Dr. Wertheimber's favorite prescription is: Decoction of root of salep, four grains to two ounces of water; liquor ammoniæ with spirits of aniseed, ten to twelve drops; syrup, one drachm; tincture of opium, two

to three drops. One or two teaspoonfuls every hour, according to the age of the child. The quantity of tincture of opium may be increased if there are no head symptoms. The author considers the disease to be an advanced degree of previous acute gastro-enteritis.

The Effects of Smoking.

M. Gustave Le Bon, of Paris, says the tobaccos of the Levant are the least dangerous, some of them possessing but a small trace of nicotine. In small doses, he says, tobacco smoke instantaneously excites cerebral activity and the intellectual forces, and facilitates digestion. In excessive and frequently repeated doses, it produces difficulty of digestion, benumbed intelligence, and clouded memory.

The Medical Value of Pleasant Emotions.

Professor Tyndall, in his lecture on Niagara, steps aside into a little digression on the therapeutical effect of agreeable emotions, which is worth putting on record as an apt illustration of a wholesome truth.

"An eminent friend of mine often speaks to me of the mistake of those physicians who regard man's ailments as purely chemical, to be met by chemical remedies only. He contends for the psychological element of cure. By agreeable emotions, he says, nervous currents are liberated, which stimulate blood, brain, and viscera. The influence rained from ladies' eyes enables my friend to thrive on dishes which would kill him if eaten alone. A sanative effect of the same order I experienced amid the spray and thunder of Niagara. Quickened by the emotions there aroused, the blood sped healthily through the arteries, abolishing introspection, clearing the heart of all bitterness, and enabling one to think with tolerance, if not with tenderness, of the most relentless and unreasonable foe.

Primitive Trepanning.

A few weeks ago we noted the gray antiquity of trepanning in Peru and Ireland (See REPORTER, current vol. p. 107). Since then we have noticed, in the London *Medical Times and Gazette*, a curious description of such an operation, related by a missionary to the South Pacific, the Rev. Samuel Ella. His words are:—

A very surprising operation is performed on the island of Uvea, in the Loyalty group. A notion prevails there that headache, neuralgia, vertigo, and other cerebral affections, proceed from a crack in the head or pressure of the skull on the brain. The remedy is to lay open the scalp with a cross or T incision, then scrape the cranium carefully and gently with a piece of glass until a hole is made into the skull down to the dura mater, about the size of a crown-piece. Sometimes this scraping operation will be even to the pia mater by an unskillful surgeon, or from the impatience of the friends, and death is the consequence. In the best of hands about half of those who undergo the operation die from it; yet this barbarous custom, from superstition and fashion, has been so prevalent, that very few of the male adults are without this hole in the cranium, or "have a shingle loose," to use an Australian phrase. I am informed that sometimes an attempt is made to cover the membranes of the cranium so exposed by placing a piece of cocoanut-shell under the scalp. For this purpose they select a very hard and durable piece of shell, from which they scrape the softer parts and grind quite smooth, and put this as a plate between the scalp and skull. Formerly, the trephine was simply a shark's tooth; now, a piece of glass is found more suitable, or less objectionable (if we may even so qualify the act).

A New Body Found in Urine.

M. T. Baumstark says he procured this substance in the following manner:—

Syrupy urine was mixed with a considerable quantity of alcohol, and the alcoholic filtrate freed from spirit by distillation. The hippuric acid was removed by ether, and the residue, after neutralization with ammonia, treated with basic acetate of lead and filtered. On evaporating this filtrate, crystals of urea were obtained, together with crystals which did not dissolve in spirit.

These are crystals of the new substance. It has the following composition: $C_2 H_8 N_2 O$.

It forms white prisms, melting at 250° It forms easily soluble salts with acids. Nitric acid converts it into sarcolactic acid, and boiling with baryta-water converts it into ammonia and ethylamine.

Burning the Dead.

The sentiment in favor of burning the dead seems to be growing in Europe. A Society has been formed at Hamburg, the members of which are pledged to dispose of

deceased members in this manner. Another in Zurich, called *La Societe de la Mort*, has a similar object. The distinguished surgeon, Sir Henry Thompson, in a late number of the *Contemporary Review*, discusses with force, clearness, and spirit, the question of cremation of the dead.

The *British Medical Journal* suggests the formation of a "Society of Incrematorsʼ" to carry out his ideas, and adds in support of the notion, "If a few hundred men of notable character, ability, and respectability, were to agree to commit their bodies to the flames after death, and make suitable arrangements, they might probably soon be imitated by many more thousands, and so the foul practice of committing a rotting body to the ground, there to poison the soil which it encumbers, would be replaced by the more reasonable and cleanly reduction of the body to ashes by the speedy agency of flame."

Cessation of "Ranking's Abstract."

The half-yearly synopsis of medical subjects, known as *Ranking's Abstract*, published in London, and republished in this country by Henry C. Lea, ceases its existence with the January number. Its editor, Dr. D. Stone, in bidding farewell to his readers, says, that twenty years ago few such books existed, but that now similar publications exist, and other journals have adopted, "without exception," a periscopic feature, superseding abstracts.

This is true enough of some publications of this character, but when they are composed on the plan of our HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE they enjoy an increasing popularity. The COMPENDIUM embraces both American and Foreign medical literature in all its branches, and rarely duplicating any article which has appeared in the Periscopic department of THE MEDICAL AND SURGICAL REPORTER, forms, with it or without it, a most valuable "abstract and brief chronicle" of what is new and important in the medico-scientific world.

The "Blood Cure."

We have had the "milk cure," and the "water cure," and now we are offered the "blood cure." Invalids in Boston have commenced to patronize the Butchers' Abbatoir, in Brighton, for medical treatment, simply drinking a half tumblerfull of warm blood twice a day. This course, one gentleman, Mr. C. H. Stickney, has followed for ten weeks, and during that time gained ten pounds in weight. Another, a consumptive, so feeble that it was with difficulty he could get to this abbattoir, is now able to handle an axe skillfully enough to "knock down a bullock." A lady sick six years, stricken with paralysis, is improving wonderfully. A gratifying feature of this cure is that it is "without money and without price."

Cheap and Nasty.

The following item is taken from a daily paper:—

"The Supervisors of Kalamazoo, Mich., let the doctoring of the inmates of the County Jail to the lowest bidder, regardless of the school of medicine to which he belonged."

Not only in Kalamazoo, but in many other localities the same method is in vogue. The meanest man always gets the job.

Crusade Against Roller Towels.

These vulgar nuisances are accused of becoming the vehicles of disease. A Baltimore oculist asserts that contagious granular inflammation of the eyes is spreading rapidly through the United States. He adds: "I have in many, and I may say in the majority of cases, been able to trace the disease to the so-called rolling towels. Such towels are generally found in our country hotels, and the sleeping apartments of the working classes, and being thus used by nearly every one, are made the carriers of one of the most dangerous, and as regards its symptoms, most troublesome diseases of the eye.

A Living Centenarian.

An interesting note of an instance of great longevity, in the person of his uncle, has been furnished us by Dr. M. R. Wilcox, of Minnesota.

Jacob Young was born in the Mohawk Valley, in the year 1769, and is yet living at Honeoye Falls, Monroe Co., N. Y., or was about six months ago. He was taken prisoner with others from this section, in the Revolutionary troubles, by the Indians under "Brandt" and "Sir John Johnson," but soon regained his liberty. With his parents he removed to Elmira, but when twenty years old he went to his present residence.

A Patent Medicine Libel Case.

An important decision was rendered by the General Term of the Supreme Court of New York, lately, in the suit of David Richards against Orange Judd and others, for $25,000 damages for an alleged libel contained in *The American Agriculturist*, which denounced certain medicines advertised by Richards as "nonsensical quackery," and its owner himself as an "impostor." Mr. Judd's answer was that his charge was true, and made "with a good motive, for justifiable ends. When Mr. Richards, on the trial, was asked about his medicine so advertised, he refused to tell its composition further than this, that "it was a certain compound, composed of various ingredients which possess great medical properties."

The defendant's counsel moved before a Judge at Chambers to strike out the complaint; the motion was granted, and the suit dismissed with costs. From this decision the plaintiff appealed. The General Term confirmed the decision of the Judge at Chambers, and, in delivering the opinion of the Court, Chief Justice Davis said :—"In the laudable exposure of such humbugs as the pretended medicine of plaintiff and others, the defendants take upon themselves great risks, and subject themselves to the annoyance of suits; but I think they are not exposed to any danger that Courts will interpose any shield for the protection of this guilty fraud and deception of the public."

Correspondence.

On Alleged Mesmeric Phenomena.

Ed. Med. and Surg. Reporter:—

A recent number of the Reporter contained a communication from Geo. Hill, M.D., in which he gives details of the phenomena presented by a number of mesmeric subjects, and deduces therefrom certain conclusions which he formally states in four propositions.

Careful and extended observation and experiments have led me to the following conclusions, differing from those enumerated by him.

1. The susceptibility to mesmerism is present in certain individuals.

2. The same person cannot at all times be affected to the same degree, the state of mind exerting a powerful modifying influence.

3. The *will* of the *operator* has nothing to do with the effect produced, except so far as it governs his own speech and actions. His voice, and manner, and condition of the patient's own mind being the sole agents in producing the effect. If the operator will go through the proper ceremonial the subjects will be mesmerized, if they are susceptible, although the operator at the same time *silently wills* they *shall not be.*

4. The particular mode of proceeding employed in mesmerizing the patient is inessential provided he believes in its potency.

5. The person mesmerized cannot tell what is passing in the mind of the operator, when collusion is impossible, unless by a shrewd guess.

6. The symptoms and sedative effects presented by mesmerized subjects are due to influences exerted on the circulatory system by certain depressing emotions, these emotions being excited to activity by the operator or by other causes.

7. A certain number of those susceptible to mesmerism, and many who are not susceptible to it in its ordinary form, will, under the operation of exciting causes, become mesmerized without aid or presence of an operator. This is the cataleptic or trance state.

As a general rule, when the patient is decidedly affected, the hands, feet, and forehead will be cold and moist. The pulse frequent, often during the first stages as high as 120 or 130 per minute, but afterwards slower. The breathing tremulous.

Persons susceptible do not always become more so by repetition. When slightly susceptible, any event calculated to make the patient ridiculous, to seriously shock their ideas of propriety or in any way to excite antagonism to the operator, will generally free them from the influence.

There is a class, however, in whom the safeguards intended by nature to prevent the emotions from exercising too great control over the circulation seem preternaturally weak. In such persons mesmeric susceptibility seems to assume a form pathological in its character, resembling in many respects the condition and appearances presented by somnambulists.

When experimenting with certain classes of individuals, particularly young females, it is often difficult to decide how far the effects are the result of neuromimesis. In fact, many of the phenomena of hysteria present such analogies to those of mesmerism as to indicate a close relation between the two. This renders it impossible to place any reliance on the verbal testimony of such subjects when speaking of their perceptions and sensations.

Of clairvoyance I am compelled to deny the existence, on the ground that these manifestations have not and cannot be produced except under circumstances where deception is possible. F. S. G.

Newton Falls, O., Feb. 3d, 1874.

On Cincho-Quinine.

ED. MED. AND SURG. REPORTER:—

The comparatively new article of medicine, *Cincho-Quinine*, having become a subject of much comment by quite a number of medical gentlemen, I have been induced to try it in my own practice. I have been using it freely for about twelve months, and have fairly tested its virtues, both as a tonic and antiperiodic, and I can safely recommend it to my professional brethren as a most valuable medicine. I have observed but one unpleasant effect on children, i. e. an efflorescence of the skin after giving the medicine for several days in full doses; but this effect is comparatively rare and really of little importance. I do not regard the cincho altogether equal to the sulphate of quinia as an antiperiodic, of the same quantity by weight, but probably about one-eighth weaker; that is to say, it will require one-eighth more by weight of the cincho to make it equal to the sulphate of quinia as an antiperiodic. But the sulphate costs a little more than one-third more than the cincho, which, as a pecuniary investment, leaves a balance in favor of the latter article. The cincho-quinine certainly agrees with the stomach better than the sulphate, and produces little or no nervous derangement, and is consequently preferable to the sulphate in many cases. Notwithstanding the eruption that now and then appears from its exhibition to children, I regard the cincho-quinine the very thing for this class of patients, for by making an elixir of the medicine, they take it very readily, which is a most important consideration.

The following are only a few of the many cases of children treated with the cincho-quinine, and I also give the formula used by myself in preparing the elixir:—

Ella, child of W. F. F., æt. 18 months, has had intermittent fever, quotidian form, for several days. Chill believed to appear from eight to ten o'clock A. M.

℞ Cincho-quinine, grs. vij.
Aro. sulph. acid, gtt. v.
Syr. zingiberis,
Aqua rosæ, āā ℥ss.
M. and dissolve.

Sig. Teaspoonful at eight and eleven P. M., and two and five A. M.

No perceptible chill, but a slight fever came on about one o'clock P. M. Repeat the prescription at five, seven, nine and eleven A. M. following day. Result no chill or fever, and patient recovered without further difficulty.

Tommy, son of T. B. H., æt. 5 years, has had two chills, tertian form; the last chill being very severe, and fever lasting unusually long; bowels costive. Time of chill, seven A. M.

℞ Hydr. chlo. mite.
Leptendrin, āā gr. ij. M.

Sig. Take at bedtime.

Medicine acted well early next morning, and at eight and eleven P. M., and two and five A. M., two teaspoonfuls of the following mixture were given:—

℞ Cincho-quinine grs. xij.
Aro. sulph. acid, gtt. vij.
Syr. zingiberis,
Aqua rosæ. āā ℥j.
M. and dissolve.

Result, no return of chill or fever, and patient rapidly recovered. The remainder of the prescription was given to him in teaspoonful doses *ter iv die*.

The last case that I shall notice (though many others might be given) is that of my own child, Charlie, æt. seven and a half years. To him I gave the same prescription given to child of T. B. H., with a like result. A few drops of tinct. cinnamon will add to the agreeableness of the elixir of cincho-quinine. Respectfully,

J. F. MILLER, M. D.

Goldsboro, N. C., Feb. 1874.

Atresia of Vagina with Recto-Vaginal Fistula.

ED. MED. AND SURG. REPORTER:—

I was called with Dr. Malott to see Mrs. B., aged 24, in her second confinement. The labor seemed to be progressing finely, when, upon an examination, there was found to exist complete atresia of vagina at lower third of canal, which the patient stated had existed in that condition for four months previous, and that it had been produced by prolonged labor and use of instruments at the time of the birth of her first child, and for which she had been treated by several physicians, and that at intervals it appeared to be almost cured. I examined the case closely for some small opening (knowing that such almost always exists) but failed to find any whatever. I consequently inserted my finger into the rectum until it passed above the occlusion of the vagina, and then pushed a small silver probe through the septum, guided by the finger in the bowel; after removing the probe I used a probe-pointed bistoury, by the same opening, to divide the obturator, which I did by a crucial incision, and the delivery was effected with very little difficulty thereafter.

Three days after accouchment there were found to be two recto-vaginal openings, one as large as a finger-nail, and about the same shape, and the other smaller and a little further up the canal.

The fecal matter and gas from the bowels passed through them constantly, and thereby gave the patient much distress, as it usually does in such cases. The idea presented to my mind was that, had those gases and other contents some more convenient way by which to escape, they would cease to pass through these openings, and to carry out the principle I inserted into the rectum a hard-rubber tube, five inches long and one inch in diameter, and to retain it in position I applied a T bandage with the open end of the tube protruding through the bandage so as to give free exit to both gas and other matters at all times, and through which

tube the patient readily passed discharges from her bowels.

The tube was oiled with carbolized oil once each day, plugging the vagina before removing it and leaving the tampon in until it was reinserted. The vagina was also rinsed out daily with a solution of carbolic acid, and the patient took mild laxatives to render the contents of the bowels soluble. The rectal plug or dilator was worn eight weeks, and the recovery was perfect. I am aware that the injury is usually treated with a vaginal plug when an operation is not demanded. I do not remember having ever seen the rectal plug recommended, but it was all that could have been desired in this case, the vagina being very nearly natural after recovery.

Shoales, Ind. W. Z. S.

Treatment of Delirium Tremens by Injection of Hot Coffee.

Ed. Med. and Surg. Reporter:—

George B., age thirty-six, a grocer by occupation, has been on a spree near five months. January 14th, 1874, had one convulsion at 6 A.M.; was taken from his place of business to a relative's at 9 A.M. The same day had return of convulsions. Ten hours afterwards I was sent for and arrived at 8 P.M.; by this time he was having spasms every thirty minutes; I immediately prescribed—

℞.	Tr. valerian,	℥iss.
	Chloral hydrat.,	ʒij.
	Potassæ bromid.,	ʒj.
	Sulph. morphiæ,	gr. ij.

Sig. Dose, teaspoonful every two hours.

This had no effect whatever; the blood vessels about the head being rather tinged, cold applications were used. I then ordered the above dose every hour, but with no better effect. As I thought these remedies were as good as we had, I resolved to try something that was new, at least I had never heard of it. A strong decoction of coffee was prepared; we took one pint and put in it an ounce of castor oil, and gave the whole at one injection; this was at 3 A.M. on the 15th; from that time he never had another convulsion until 7 P.M. of the same day, when another injection of coffee was administered, which relieved him entirely of spasms. His pulse was reduced to infrequency, and he soon fell asleep and rested well during the night.

It seems as if the caffeine or some other property in the coffee has great control over the economy, by quieting the nervous system, equalizing the circulation, and thereby relaxing the muscles.

W. J. McMurray, M.D.

Nashville, Tenn.

—The recently issued catalogue of Dartmouth College shows the total number of students to be 420. They are classified as follows:—Medical, 52; academical, 262; scientific, 79; agricultural, 22; Thayer department, 5.

News and Miscellany.

Commencement Exercises of the Albany Medical College.

The commencement exercises of the medical department of Union University took place Jan. 26th, in the presence of a very large and interested audience. President Potter presided. After music by Sullivan's band and prayer by Rev. Dr. Magee, Dr. G. Le Van Allen read an excellent essay upon the "Ideal Physician." This was followed by an eloquent valedictory address by Dr. L. T. Morrill. The degree of Doctor of Medicine was then conferred upon thirty-five graduates.

President P. A Chadbourne, of William's College, delivered the annual address. His subject was the "Higher Moral Treatment of the Race Demanded from Physicians," and was replete with stirring, eloquent thoughts, advocating that the true province of a physician was to search out the cause of disease, and prevent it, also to elevate life, socially and politically, increase its pleasures and duration, and teach men everywhere to observe more closely the laws which govern us.

After this address the alumni, students, and professors, numbering over two hundred, sat down to a banquet at the Delavan House. Subsequently to this, the alumni met and perfected their first organization by making Prof. Didamer, of Rochester, president. All the alumni are requested to communicate with Dr. Lueker, of Albany, as soon as possible.

The Regulation of Insane Asylums.

A bill has been introduced into the New York Legislature on this subject, providing as follows:—

"The Governor of the State is authorized to appoint for the City and County of New York not less than ten nor more than fifty, and in every other county not less than five nor more than twenty, reputable physicians, to be known as Examiners of Lunacy, and to fill vacancies occurring among such examiners as they occur; and in every case arising in any county requiring, as now provided by law, the certificate of two physicians to authorize the confinement for safe keeping of any person on the ground of lunacy, such certificate shall be required to be signed by two of the Examiners of Lunacy so appointed, resident in the county in which such case of lunacy is found; and no person shall be received as a lunatic in any asylum, public or private, without such certificate.

The "Washington Fever."

We have known several cases of the disease referred to in the paragraph appended, which we clip from the Washington correspondence of a New York paper.

"The family of the British Minister, I am sorry to say, are suffering from 'malarial fever,' or 'Washington fever,' as some call it. In some localities the vast 'improvements' made here caused considerable illness, and it takes the shape generally of malarial or typhoid. W. W. Phelps, one of the New Jersey members, came down here with his family last March, and stayed at the Arlington a fortnight, and when they returned to the city of New York every one of them was attacked by a form of fever which the New York physicians called the 'Washington.' There is more of it at the 'West end' than anywhere else."

A Discriminating Physician.

The following characteristic story is going the round of the Parisian Press, at the expense of Dr. Bouvart, a close observer of human nature:—

"One morning, on entering the chamber of a French marquis, whom he had attended through a very dangerous illness, the doctor was thus accosted; 'Good-day to you, Dr. Bouvart; I feel quite in spirits, and think my fever has left me.' 'I am sure it has,' replied Bouvart dryly. 'The very first expression you used convinced me of it.' 'Pray explain yourself.' 'Nothing is easier. In the first day of your illness, when your life was in danger, I was your dearest friend; as you began to get better, I was your good Bouvart; and now I am Dr. Bouvart; depend upon it you are quite recovered.'"

Poisonous Syrups.

The sugar refiners in New York City have been accused of using tin and lead in a deleterious manner in making syrup. The question has come before a Grand Jury. The principal sugar refiners deny the charge, and declare that it grows out of a misconception of the business of refining, and of the chemical substances which have always been employed in it. The Grand Jury have instructed the Health Commissioners, however, to begin a thorough investigation.

Bedford County, Pa., Medical Society.

A Society was organized in this County November 26th, 1873. The following officers were elected for the ensuing year:—President, Dr. W. J. Mullen; Vice-Presidents, Drs. E. J. Miller, J. W. Rowe; Recording Secretary, Dr. C. A. Dannaker; Corresponding Secretary, Dr. D. S. Griffith; Treasurer, Dr. A. E. Ely; Censors, Drs. D. A. Plank, P. H. Pennsyl, and Joseph Keiffe.

The Cholera.

Several cases occurred at Augsburg and Munich in January. The epidemic is preparing for a wide distribution next summer.

A dispatch from Padang reports that the cholera has broken out in Acheen. It is rumored that the Sultan of Acheen has died of it, and that the war is virtually over.

—The cholera reappeared in Munich in the middle of November. In the two months to the middle of January there were 2138 cases and 988 deaths.

Petrified Meats.

The "coming man" will discard salting, drying or canning meats, and will petrify them instead. This has already been tested. Professor Comi, according to the Roman journals, has invented a process by which meat can be kept for an indefinite time by petrifaction, without casing or covering of any sort. A tongue of an ox was lately served up to a party of *savants*, who relished it exceedingly, and said as much. It had been petrified twenty years ago by Professor Comi, and was softened and stewed *in acqua dolce* before being set on the table. Its nature, taste, and flavor were intact.

Personal.

An English lady, Mrs. Chaplin-Ayrton, wife of Prof. W. E. Ayrton, of the new "Imperial College of Engineering" at Tokei, has recently settled in that city with the intention of practicing medicine.

This lady has studied at London, Edinburgh, and Paris. Her professional education commenced at the London "Female Medical College," in 1867–68, and at the hospital in connection with that institution.

—Dr. J. K. Reiner, of Stillwater, Minn., died, January 20th, from a puncture on the hand received while amputating an arm. The person upon whom he was operating had been bitten on the thumb in a fight, and mortification of the arm had followed.

—Dr. Legros, of Paris, one of the authors of the excellent essay on Electricity, by "Legros and Onimus," translated and published in the REPORTER two years since, has died in Paris, aged but a little over thirty. A still more brilliant medical man, an intimate friend of Legros, Dr. Fernand Papillon, whose articles on the highest problems of science had already given him a world-wide reputation at the age of twenty-six, caught cold in attending the funeral of Legros, and was carried to the same cemetery a few days afterwards.

—Professor Rindfleisch, of Bonn, the author of the well known excellent work on pathological anatomy, has been offered and has accepted the chair of Pathological Anatomy in the University of Würzburg, in the room of Professor Klebs, who has received an appointment in the University of Prague.

—A cruel joke at the expense of those ladies who are perpetually striving to gain a hearing in the Press has been going the round of literary circles, to the effect "that they look much better in muslin than in *print*."

—There are about forty-eight deaths by violence daily in this country, a statistician tells us.

—The annual report of the Faculty of Medicine, of Montpellier, shows that, during the scholastic year 1872–73, it conferred 163 diplomas.

—There were 16,776 deaths in Philadelphia during the year ending December 27th, 1873, being a decrease of 3768 as compared with the previous year. 6191 were under 5 years, and there were 576 more males than females.

—One of the statutes of Henry VIII enacted "That no members of the College for Physicians shall practice physic, but only those persons who be profound, sad, and discreet, and groundly learned and deeply studied in physic."

—We are sorry to see, in our English exchanges, that Dr. Churchill, who so loudly vaunted the hypophosphites as a cure in consumption, a few years ago, now announces himself the discoverer of a secret remedy, which he calls "stæchiological inhalations."

—An English journalist makes the following reflection on a case of diaphragmatic hernia into the left thorax:—

"It is, after all, common enough for a man to have only a stomach where his heart ought to be; and such a distortion of the internal arrangements is not found to shorten life much." This reminds us of a French wit's enumeration of the two requisites for longevity: "a good stomach and a bad heart."

—A New York colored man asked $1000 damages from a physician who had employed him to whitewash a building infected with the small-pox. The court decided that the pits made his face look rather better than otherwise, and that the disease had not hurt him much, and dismissed the case.

QUERIES AND REPLIES.

Medical Archæology.

A correspondent, in New York, writes us:—"I have been a reader of the REPORTER for more than three years, and during that time I have frequently perused articles and notes from the hands of would-be antiquarians and researchers among the old and musty records of times past. Why should these researchers attempt to gain notoriety by seeking to belittle the discoveries of modern Medicine and Surgery?"

Let us say in reply, that this is far from being the spirit in which to study these interesting proofs of the wisdom of the men of old, and of the lost arts. No study in the last quarter of a century has yielded richer fruits than that of archæology, and we hold it would do most physicians good, among others our correspondent, to acquaint themselves with what their predecessors in the healing art achieved. Modern medicine would not be hurt by a little more modesty in its claims.

On Soaps.

MR. EDITOR:—I think I read in the MEDICAL AND SURGICAL REPORTER the fact that disease of the skin had been communicated by the use of bad Toilet Soap, made from infected or diseased fat.

Now if this is possible, is there not some simple rule by which physicians and their families, by the use of good materials, may make the best quality of Toilet Soap for their own use?

Does Borax enter into the composition of good soap?

In Obstetrics, what is now considered the best practice, to tie or not tie the funis? To bandage or not bandage the woman? *Conn.*

Reply:—We refer our correspondent to *Piesse's* work on soaps for full information. On the obstetrical question, the *safest* practice is to tie and to bandage.

Photographs.

Dr. C. C. S., of Ala.—Photographs of the eminent physicians and surgeons of the world cannot be obtained from any one dealer, that we are aware of. They have to be picked up *singulatim*.

Surgeon General of the Navy.

A correspondent asks whether our item on page 109 (cur. vol.), commencing "Surgeon General Beale, of the Navy Department," gives the correct title of that office. It does not. In newspaper language he is often so called, but his correct title is "Chief of the Bureau of Medicine and Surgery, U. S. N."

Framing Diplomas.

I do not know that it is general, but in this section of the country the physician's diploma is commonly rolled and hid away. I am presented with a splendid frame for mine, that would not only decorate the walls of my Office or Drug store, but those of my Parlor as well. Shall I be too modest to display it, and if not, where may it be hung?

Kentucky. A SUBSCRIBER.

Reply. It is perfectly proper to frame your diploma. It is a document in which you can take an honorable pride. Displayed either in parlor or office, none but snobs would find fault with its prominence. EDITOR.

MARRIAGES.

PIKE—BAKER.—In Peabody, Mass., January 29th, by the Rev. George N. Anthony, Charles C. Pike, M. D., and Susie S., only daughter of Francis Baker, Esq., all of Peabody.

TAYLOR—HERBERT.—In Beverly, on the 17th inst., by the Rev. R. Taylor, D. D., assisted by Revs. T. R. Slice and J. Hall McIlvaine, A. W. Taylor, M. D., and Miss Emma S. Herbert, daughter of T. C. Herbert, U. S. N., all of Beverly.

DEATHS.

HART.—In Farmington, Connecticut, January 12th, of cerebro-spinal meningitis, after an illness of 19 days, Sallie F. Hart, wife of Dr. C. L. Hart, of Philadelphia, and daughter of the late Captain Theodore Franks, Washington, D. C.

HEARIN.—Dr. Hearin died, in Pine Bluff, Ark, on the 23d of December last, aged 35 years.

THE

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Original Department.

Communications.

SOME PRACTICAL HINTS FOR THE TREATMENT, AND FOR THE PREVENTION OF UTERINE DISORDERS.

BY WILLIAM GOODELL, M. D.

Physician in Charge of the Preston Retreat; Clinical Professor of the Diseases of Women and Children, in the University of Pennsylvania, etc.

(*Continued from No.* 885.)

PART II.

Hitherto the treatment of the more common forms of uterine affections has been briefly considered. I now purpose to suggest some means for their prevention. To stamp them wholly out may be impossible, but the alert physician can do much towards balking their approach. On the one hand, by prudent forethought and by watchful care, he can guard his puerperal patients from disease. On the other, by forewarning, he can forearm.

For the furtherance of these ends, I shall group my remarks under two heads; the first exclusively medical in character; the second less professional than laical. To this division I shall with less scruple sacrifice strict continuity, both because there is no sharp dividing line between that which concerns the physician and that which concerns his patient; and because I humbly hope that my readers may deem the lay-portion of sufficient importance to justify its perusal by their friends, neighbors, and patients.

SPECIAL HINTS.

Puerperal Convalescence.—Let the physician see to it that his patient has a good getting up, as well from a miscarriage as from a natural labor. Lactation should be encouraged, and from the first day the diet should be generous. The canonical purge on the third day should be dispensed with; it weakens the body needlessly, and tends to promote the absorption of septic matter. Premature exertion must not be allowed. On the other hand a recumbent posture ought not to be too rigorously enjoined. I feel persuaded that this tradition of the lying-in chamber does more harm than good, for nothing so relaxes muscular fibre as a confinement in bed. In my experience, women feel stronger on the fifth day after labor than they do on the ninth or fourteenth, if kept in bed. Among the ancient Greeks, those models of physical strength and beauty, the women took a bath on the fifth day. That this was also a custom of the Romans is evident from a play of Plantus, entitled "Truculentus, or the Churl." Since labor is in general a strictly physiological process, there can be no sound reason why a woman should not sit up in bed, or even slip into a chair, whenever she feels so disposed. These are not idle phrases, but the conclusions of a long and well-sifted experience. Such movements excite the womb to contraction and empty it and the vagina of putrid lochia which may be incarcerated by a clot or by the swollen condition of the soft parts. When, therefore, the lochia are offensive, these upright positions should be insisted upon, as being, in fact, better deodorants than any detergent vaginal injections. By equalizing the circulation and by increasing its force, they also tend to lessen the passive congestion of the

womb as a whole, the engorgement of the placental site, and especially that blood-stasis kept up by the dorsal decubitus in its now thickened posterior wall, which is, in my opinion, a very common cause of posterior displacements.

The prolonged use of the obstetric binder is another factor in the production of female complaints. The binder may be useful for the first four-and-twenty or forty-eight hours after labor; for it fills up the void left by the emptying of the womb; it gives a grateful feeling of support; it hinders the occurrence of a concealed hemorrhage, and presents a bar to the ingress of air into the uterine cavity. But when kept on simply for the purpose of preserving the shape, by paralyzing those abdominal muscles which it is intended to strengthen, it not only defeats the object so dear to the heart of every woman, but it weakens the retentive power of the abdomen. It also does harm by crowding the intestines upon the womb, and the womb down into the pelvic cavity. Again, by forcing backward upon the vena cava and upon the pelvic veins so hard a body as the womb, making it, in fact, the pad of a tourniquet, it impedes the freedom of the circulation in that organ, and greatly impairs the process of involution. Pharaoh could have devised no surer way of overcoming the fruitful health of his Hebrew subjects, than by an edict enforcing the prolonged use of a tight obstetric binder.

The lochia must be watched. If, in the third week after delivery, they still linger on, the inference may safely be made either that the cervix is the seat of unhealed lacerations, or that the process of involution is interrupted; or that both conditions may co-exist, for the former usually determines the latter. Astringent vaginal injections or suppositories will now prove to be important therapeutic agents. To this local treatment may be added a constitutional one of iron and quinia, the former according to previously given formulas, the latter in suitable doses, amounting in the twenty-four hours to from eight to twelve grains. Apart from its undisputed tonic properties, quinia firmly constringes uterine fibre, and, therefore, greatly aids the process of involution. Ergot and strychnia are also useful remedies to fall back on; wine or beer must not be forgotten. If, after the puerperal month, pains in the back, leucorrhœa and other well-known symptoms indicate the presence of some uterine disorder, it is evident that involution has been retarded. The speculum must then be used, and the usual uterine applications made, beginning with the milder ones, for now, if ever, is the time by such means to treat the condition of subinvolution, or to cure other puerperal lesions. If a patient has previously suffered from uterine disease, she should, after delivery, be at once put on a treatment of ergot and quinia. By shortening the excursions of uterine fibres in their alternate contractions and relaxations, these medicines proportionately lessen the diastolic engorgement of the womb. I am not sure but Credé's method of placental delivery, by supra-pubic expression, acts in an analogous manner. It certainly empties the womb of all clots and squeezes it down to its mininum capacity. Such a patient also needs the timely aid of the forceps. For it prevents that laxness of uterine fibre following a long and weary labor, and hence provokes a more complete involution. But for that matter, no lying-in-woman should be allowed to linger on in the expulsive stage of labor, when her physician possesses the requisite skill to shorten it.

Lacerations of the Perineum.—The immediate closure of the rent in lacerations of the perineum ought by this time to be fully recognized by the profession as a very important means for the prevention of future mischief to the reproductive organs. As I have elsewhere shown (*Trans. of the State Med. Society of Pennsylvania, for* 1873), and here take the liberty of repeating, the loss of every fibre of muscle in the perineum entails a corresponding loss of power in the floor of the pelvis, and a consequent impairment of support to the reproductive organs. The sustaining power of the vaginal column depends upon the integrity of its perineal abutments. It is the tonicity of the vaginal walls, and the pelvic connections of the womb that mainly keep it in place. These, in a case of torn perineum, may not at once yield, but will sooner or later; for air gains access to the womb, irritating and congesting it to such a degree that it ultimately prolapses from an acquired hypertrophy. Unless, therefore, the rent is simply cutaneous, or very slight indeed, it should not be left to nature. Further, it is far more rational to take advantage of the necessary confinement in bed after delivery, and to close the wound at once, while its surface is

raw and the maternal soft parts are comparatively numb and insensible, than to postpone the operation to a time when the woman shall be nursing, when the cicatrized flaps shall demand quite a formidable operation for their denudation, and when a special confinement in bed for two weeks or more will be needed.

My own method is, immediately after the delivery of the placenta, to pass deeply two or more wire sutures, securing each one by merely twisting its ends together. In bad rents, the first stitch is entered not quite half an inch below the lower angle of the wound, and about an inch from its margin. When the sphincter ani is torn, the cutaneous points of entrance and of exit of the first needle should then be nearly on a level with the lower margin of the anal orifice, and the suture should pass around the whole wound. This purses up the tissues from below upward, and secures complete coaptation. Enough opium must be daily given to keep the bowels quiet for a week.

In severe lacerations the woman's knees must be kept bound together for a week, and her urine drawn off for three or four days. On the third or fourth day, but not earlier, lest the process of immediate union should be interrupted, vaginal injections of weak solutions of carbolic acid, or of the permanganate of potassa, are made twice in the twenty-four hours. These soothe the parts and correct the bad odor of the discharges. Without reference to any special time, the sutures are removed as fast as they become loose, usually from the seventh to the ninth day. On the eighth or tenth day a seidlitz powder, or one dessert-spoonful of castor oil, is given every four hours until an inclination to go to stool is urgent; then an injection is given in order to liquify the contents of the lower bowel. This method of uniting the parts, both in the immediate and in the secondary operation, after the cicatrized surfaces are denuded, I can warmly recommend, as I cannot recall but one case, and that a very unruly one of puerperal mania, in which there was failure in obtaining a very good union. It ought, however, to be stated, that in secondary operations superficial sutures should be placed between the deep ones, and that the latter should be clamped with perforated shot. In order also to pare each side of the rent with unerring uniformity, after freshening the surface of one side, its exact print in blood can be got on the other by pressing the nates together for an instant. A very troublesome symptom in these cases is flatus. If it does not yield to valerian, a gum catheter should be very carefully passed up into the rectum.

Many lacerations are, in my opinion, owing to the common mistake of making so firm a pressure upon the perineum as to prevent it from undergoing an equable dilatation. The portion thus compressed cannot take its share of the general tension, and the strain is thrown on the fourchette. Further, the pressure of the hand, by obstructing the free circulation of blood, impairs the vitality of the perineum. Bruised and benumbed, it is no longer a living tissue, capable of responding intelligently, so to speak, to the requirements of the occasion—when to repel, when to solicit the advance of the head—and this nice point nature can very generally determine far better than the physician. Again, the word "*support*," as applied to the perineum, is a misnomer. No "support," in the ordinary acceptation of the word, is afforded to the perineum by direct pressure. If such a method ever accomplishes any good, it is by retarding the advance of the head, in other words, by *supporting* the head through the interposed perineum, and not by supporting the perineum itself. Why not then support the head by pressure directly applied to it, instead of through a medium which requires perfect freedom from all restraint in order to undergo the requisite and inevitable amount of dilatation? Finally, a majority of the advocates of "support" contend that it is most needed at the very moment of expulsion. But the woman, in the agony of the final throes, is very likely to jerk herself away from the hand of the accoucheur. Of course, then, the perineum, being abruptly released from the counter-pressure, is more liable to yield to a strain suddenly sustained for which its fibres are unprepared. Obstetric teachers recognize this danger, and in vivid language caution the student against it.

Although I believe that in the vast majority of labors the perineum does best when let alone, yet cases do undoubtedly arise which demand an intelligent assistance, nor can the line of demarcation be always drawn between natural and morbid conditions. Whenever the head in an occipito-anterior position is too much flexed and the vertex bears on the perineal centre, threatening perforation; whenever, in an occipito-

posterior position, the head is too little flexed, the forceps is urgently needed. For cases of extreme rigidity, or of an under-sized vulval opening, ether will be found a potent remedy. Apart from a direct and retarding pressure upon the presenting part itself, the only manual aid that I permit myself to render is as follows:—Insert one or two fingers of the hand into the rectum, the woman lying indifferently on her side or on her back, and hook up and pull forward the sphincter ani towards the pubes. The thumb of the same hand is then to be placed upon the fœtal head, scrupulously avoiding all contact with the fourchette. For this method I claim the following advantages:—(*a*) By pulling up the sphincter ani toward the pubes not only is nature imitated, which always dilates the anal orifice, but the perineum is brought forward without direct pressure, and its dilatation is diffused over its entire surface, causing a corresponding relaxation of the strain on the posterior commissure in the line of its raphé. In addition, its muscular fibres are crowded up to, and consequently strengthen, the line of greatest tension; just as a prudent general hurries up reinforcements to the point of attack. (*b*) The same force which dilates the sphincter ani compels the occiput to hug the pubes and favors extension, especially if the fingers in the rectum are hooked over the prominences of the fœtal face or over the chin. (*c*) This aid is not liable to sudden interruption from the movements of the woman. (*d*) The thumb of this hand, together, if necessary, with the fingers of the free hand, can, by direct pressure upon the presenting part, restrain its too rapid advance, without exciting that reflex uterine action which is so frequently evoked by the irritation of contact with the perineum. (*e*) The circulation of the blood remains free; the nerves are not benumbed by a double pressure, and the perineum, therefore, continues in its natural condition, that of a living, elastic and sentient tissue. This method I have more fully described in an essay published in the *American Journal of the Medical Sciences*, January, 1871, p. 75. To it I beg leave to refer those of my readers who are interested in the subject of the management of the perineum during labor.

Misdirected traction on the after-coming head, viz., too much in a downward direction as the head is about to emerge, is very commonly followed by a very bad rent of the perineum. Even in head-presentations, requiring apparently but slight traction, the use of the forceps will often occasion a slight tear in the vagina, which the passage of the shoulders prolongs into the perineum. From too hurried a delivery, or from faulty traction, I have seen so many bad lacerations following the use of this instrument, even in practiced hands, that I cannot withhold the opinion that, in the majority of cases, nature can accomplish the final delivery of the head through the soft parts much better than the physician. In the essay previously adverted to, I use the following language, which the riper experience of three years more has not induced me to change:—"Delivery by the forceps, even in skillful hands, will often produce laceration; for the head is liable to be brought down too quickly upon the unprepared soft parts, and it becomes a very nice point indeed to determine the exact moment when delivery may be ended with impunity. The cautious physician is liable to be caught, as it were, 'on the centre.' He sees the perineum stretched out to a perilous thinness, and the fourchette almost cracking under the strain. In doubt whether the moment has arrived to raise the forceps-handles and turn out the head, or to depress them and thus restrain its advance, he wavers, and in a twinkling the fibres part. On the other hand, the impatient physician is tempted to turn out the head before the parts are sufficiently dilated. Finally, what is still more frequent, at the last moment the physician's courage fails him, and he depresses the forceps-handles just as the head has begun to emerge; a course equally fatal to the integrity of the perineum." My advice is, therefore, that, other things being equal, as soon as the perineum is well dilated, the forceps should, as a rule, be removed, unless the blades are so firmly imbedded in the child's tissues that their withdrawal requires a force which might hasten the delivery of the head. This practice, if not so brilliant, will, I believe, in the long run be found much the safer.

At the risk of becoming prosy on this subject, I wish to add my conviction that, through sentiments of delicacy, many lacerations of the perineum escape the notice of the physician. After the delivery of the placenta, he should, therefore, make it a rule to introduce the index-finger into the rectum and the thumb into the vagina. By bringing them together he can estimate the

thickness of the intervening tissue, and thus determine whether any extensive laceration has taken place. If a rent be discovered he should decently inspect the parts. By daylight this examination can usually be made without the knowledge of the patient. When candle-light is needed, he will be compelled either to make some excuse or boldly explain his object.

[*To be Continued.*]

CASES OF FRACTURE OF LOWER EXTREMITIES TREATED IN WOOD'S HAMMOCK SPLINT.

BY DR. D. P. ELDRICH,
Of Stryker, Ohio.

Fractures of the lower extremities have ever been a very unwelcome injury for me to treat. In this particular my own experience coincides with that of nearly all of my professional acquaintances. There is so much involved, both to patients and practitioner, that in a practice where surgical cases are infrequent this feeling is almost unavoidable. This dread or anxiety is greatly enhanced by the great variety of methods of dressings advised, and the difficulties attending their application in a satisfactory manner to all cases.

Many of the best surgical teachers and writers advise trusting to extemporized appliances, but this necessitates temporary dressings, all of which have to be removed more or less often subsequently, or the substitution of a new apparatus more perfectly adapted to the case. It is very apparent that either plan interferes with the universally admitted indication, that a broken bone should be at once placed in a proper position and allowed to remain there, in order to avoid adding to the already inflicted injury; and last in the case, to prevent any disturbance of the reparative processes.

I have used various forms of apparatus, and have improvised my own, but have always found repeated changing and redressing necessary, and attended with so much discomfort to the patient, and want of security to myself, that I was induced to purchase the apparatus known as the "Hammock Splint," devised by Dr. J. T. Woods, of Toledo, O. It apparently presented certain merits, and deeming it of no little importance to have a dressing at hand that would meet almost every emergency, and at the same time be a *permanent appliance*, I determined to test its capacity. The following cases will give the reader some idea of how well it has answered the purpose.

CASE 1. Mr. W., aged 20, transverse fracture of middle third of leg. Hammock Splint was applied for five weeks; no callus formed; no perceptible shortening; bony union firm; put on after dressing of binder's boards covered with cotton flannel pasted on with the "nap" out.

CASE 2. Miss W., aged 12, oblique fracture of tibia and fibula at lower third. Used Hammock Splint six weeks. Bony union firm, with one-half inch shortening; the latter partly due, no doubt, to willful loosing of the perineal band by patient. Put on after dressing of pasteboards, as in case 1.

CASE 3. Mr. L., aged 24, transverse fracture of both bones of leg, at middle third. Used Hammock Splint six weeks; bony union firm; put on after dressing of binder's boards; no shortening perceptible; slight callus left.

Recovery perfect in all cases so far as the usefulness of the limbs are concerned, and not the least abrasion of the skin was apparent.

In conclusion, I shall not attempt a description of the apparatus, which, by the way, is illustrated and described in the November number of the Detroit *Review of Medicine and Pharmacy*, 1873; but will content myself with mentioning, for the benefit of others, a few of its merits which I have demonstrated to my own satisfaction, nor would I use any other splint while this one is to be had.

Firstly, it is light, and can be packed up in a box, twenty-seven inches long by six inches square. The same instrument can be readily adapted to a limb of any size or length, from a boy of six years, to a man seven feet high! So that with this apparatus one can dress *any case* that may present itself. The limb is suspended in a cloth hammock, and the patient is absolutely comfortable. It is applied at once, and is never required to be removed for any purpose till bony union has taken place. The entire leg is open to the fullest inspection by sight and touch, and is cool and easily kept clean, when there is a wound of the soft parts at any point.

The apparatus is easily and quickly applied by the surgeon; the means of exten-

sion and counter-extension are constantly acting when applied, and can be graduated to suit each case; the perineal band never excoriates; sloughing of any portion of the limb is not to be thought of, and cannot occur unless from the grossest carelessness.

The processes of repair suffer no retardation from first to last, no constriction of the circulation by bandages, etc., being attempted; the surface of the limb is bare, except where the adhesive plasters are applied. Fluid applications of any kind, or discharges from wounds, etc., are prevented from soiling the clothes or bedding by free and perfect drainage through the cloth hammock, on which the limb rests its entire length from the hips to the heel.

In short, this appliance for fractures of the lower extremity leaves nothing to be desired that can contribute to the comfort of the patient or the convenience and safety of the surgeon.

THE PROPER USE OF CHOLAGOGUES.

BY DR. W. C. SMYDTH,
Of Worthington, Indiana.

In the treatment of most of the diseases of this climate, if remedies were addressed more to arouse the secretions of the liver than is generally done, it is my opinion that many more lives would be saved, and that those that do recover would do so much more speedily than is generally the case.

When using alteratives to act upon the liver in cases of fever, or any disease of the system whatever, if the discharges from the primæ viæ are copious and of a watery consistence, it matters not if there is a secretion of bile, it is best not to let the evacuations run too far, so as to produce too much debility, but to check the bowels at once, and continue mild alteratives every three or four hours, according to the nature of the disease and the condition of the patient, and have it so guarded by opium or some astringent, that it may not run off by the bowels till such time as the secretions are fully aroused, and then give some mild cathartic to carry away the offending matter which may have been accumulating in that organ and the portal circulation for an indefinite time.

It will be asked, what kind of agents are best to act on and arouse the secretions of the liver? As far as my experience goes, mercury in its various forms surpasses all other means for effecting this purpose; in some cases calomel is preferable, in others blue mass, and in others chalk and mercury. It is altogether owing to the disease, and the condition of the liver accompanying it, the age, temperament and constitution of the patient.

In cases where there is high fever, with pain in the head, back and limbs, with the bowels constipated, I commence with a cathartic of calomel and rhubarb, to open the bowels freely. If this is not sufficient, I give small doses of calomel with diaphoretic powders, or opium, to produce diaphoresis, ease pains, and prevent its cathartic effect till it may have time to act on the secretions. In cases of dysentery, after having opened the bowels by a mild cathartic, I use chalk and mercury, powdered opium, and acetate of lead, repeated at intervals of three or four hours till the secretions are in a normal condition, and generally find my cases improve under the treatment. In diarrhœas of children and infants I pursue the same treatment, with doses suited to the ages of the patients, and generally with success, such diet always being given as will not produce irritation of bowels, but will support the strength and nourish the system.

In typho-malarial fevers, where the bowels are in a loose condition, and the liver inactive, the fever of a low grade, and the tongue cracked and dry, I am now mostly in the habit of using chalk and mercury, diaphoretic powder and sulph. quinine, combined with my other remedies, to act as an alterative, diaphoretic and tonic.

Mercurials have been very much abused and underrated for the past few years, from the fact of their indiscriminate use by those unacquainted with their therapeutic agency.

Salivation and sore mouths used to be so common, from the use of mercurials, that several schools of medicine sprang up in opposition to their use entirely, thereby excluding from the Materia Medica one of the best remedies in the cure of disease that belonged to it. So great was the opposition to their use, that many persons became so much prejudiced against them as to refuse to administer them in any form, for fear of their constitutional effects.

This, in one respect, has had a very salutary influence in the use of the remedy, to cause a greater amount of care to be used in its administration; but now, within the last few years, since chlorate of potash has

come into general use, we have the complete control of it. I have used mercury freely but cautiously ever since I entered the profession, and I have not seen a sore mouth for a dozen years, to amount to anything, for I use chlorate of potash when necessary; and I have no hesitation in saying to my professional brethren that mercury in its various forms is a better remedy to act on the secretions of the liver, and restore a normal action of that organ, with its healthful influence upon all the other organs of the system, than any other remedy in the Materia Medica.

RARE INSTANCE OF LONGEVITY.

BY T. D. CROTHERS, M. D.
Of Albany, N. Y.

The duration of human life is controlled by great physiological laws, which are at present but imperfectly understood. We know that inherited strength, and perfection of organism, with harmonious action, are prominent factors determining longevity; and every day we see the value and power of temperate, regular habits, cheerful mind, healthy climate and well regulated labor. We can predicate with much certainty the duration of life, knowing the parents and conditions of the surroundings of the person; personal appearance also tells us quite accurately of the continuance of life, in the symmetry of form, and quality of organization. From these and many other facts, it would be natural to suppose that we could fix upon definite laws controlling longevity. This has been done, but the exceptions are so numerous and varied, that our studies on this subject must yet be in their infancy. Certain general principles are recognized as fixed, such as conditions of constitution, inheritance, and obedience to natural laws. We find these demonstrated in the transmitted vigor, healthy lives, and ripe old age of many. In contrast, we frequently notice the children of healthy parents die early, and vice versa; or a single member of a large family live down to extreme old age, the other members dying early; or those who seem to live irregular lives survive when all their cotemporaries are gone. These strange exceptions show clearly that longevity is controlled by laws of higher import than those of the physical conditions which effect the equilibrium of the mind, retarding the waste, and assisting in the restoration of the organism. When we shall know more of the intimate connection between the mind and body, and the vital forces which move the several organs, then we may determine the continuance of life with great exactness. The following case is given as one of those singular exceptions, which seem to be beyond all known laws. Here a single generation starts forward into unusual longevity, and the next generation relapses again to average life.

In Fulton County, of this State, lived Lewis and Magdalen Carncross. They were originally descended from the French Huguenots, and their forefathers for two generations had been farmers and laborers, in no way remarkable for great age, physical or mental development. Lewis Carncross was of quiet, mild disposition, of average health and vigor. He died of disease of the lungs, at 64. His wife, Magdalen, was also of mild disposition, of medium size and health. She died at the age of 93, of dropsy. This couple had fourteen children, of whom only two died under twenty years. The remaining twelve reached remarkable ages. Five of this number are now living, and their ages range as follows:— Elizabeth Dorn, aged 95; Barbara Voght, 92; Sally Dean, 87; Ephraim Carncross, 89; Nicholas Carncross, 85. Of the seven who are now dead the record of their ages is as follows: Margaret McLaughlin, aged 83; Mary Argarsinger, 87; Helena Cole, 85; Catharine Case, 77; John Carncross, 75. The average age of this group is nearly 82 years, while the ages of the group of the surviving children is almost 90, and both together are nearly 86.

Two of the children went south and died since the war, at what particular age it is not known, but it was over 80. The children of all these families, so far, give no particular promise of living to advanced age. In three instances the generation is extinct, and the third generation already seems more frail than the second. Nothing peculiar has ever been noticed about any of these persons; all of them are quiet substantial people, with apparently nothing but fair organisms and mental capacities. Their descendants include some of the most respectable people in the county. The most prominent factor indicating possible longevity is a mild, uniform disposition, noticed in all of them. It is also unusual to find so

large a family living in one section of country so long.

Here is a single generation, without any peculiarity or cause that can be determined, starting forward to unusual age, followed by a generation of average age, and preceded by parents and grandparents of moderate duration of life, excepting the mother. No peculiar care or obedience of natural laws, and no personal development can predict or explain this remarkable instance.

A CASE OF SPASMODIC STRICTURE OF THE ŒSOPHAGUS.

BY T. CURTIS SMITH, M. D.,
Of Middleport, Ohio.

On July 18th, 1873, I was hastily called to see a little girl, æt. 2½ years, that had taken by accident a large quantity of concentrated lye. The family had already given it cream freely. I ordered ol. olivæ, which, being at hand, was promptly and freely given, and was vomited at once, mixed with the lye and stained with blood. After several repetitions this character of emesis ceased. I then directed a weak sweetened drink of acetic acid, which the child took with avidity and apparent benefit.

After a few days of irritative fever the child seemed to recover. But in the following September there came on difficult deglutition, which so increased that on the 9th of October I was called again to prescribe for the child. I found it greatly emaciated, and suffering fearfully from inanition, with all the usually attendant symptoms of such a state. I observed that the child was constantly calling for food, that it could swallow nothing solid or semi-solid, and only a spoonful of liquid at long intervals. If more was attempted it was regurgitated. This regurgitation seemed to consist of an œsophagio-pharyngeal spasm, and would last a minute or two, ceasing only when the fluid taken was apparently all rejected. I also noticed that the fluid rejected was tinged with blood. It was stated that this condition was constant, but I learned afterwards that there was a remission once every four or five days of the spasms, at which time the child would partake easily and heartily of one meal of food, when the spasmodic action would again return. Any food that reached the stomach was never rejected. I looked upon the case as hopeless without dilating the œsophagus, and probably that would not succeed, and the parents were very loth to submit to it. I placed the child on potass. brom., to allay the nervous irritability, but this failed completely to be of benefit. I then added to each dose of the potass. brom. the 1-20 of a grain of morphia sulph., which proved beneficial.

On my third visit I learned that the child had taken a hearty supper on the previous evening, which was my first information of its purely spasmodic character. I now took a more hopeful view. I withdrew the potass. brom. and continued the morphia sulph., grs. 1-20 every four hours, from which time it gradually recovered, and for two months past has been well and is now fat. From the tinge of blood that accompanied the œsophageal emesis I think there was, about the middle portion of that tube, an ulcer, caused by the lye. This was sufficient to cause the spasmodic action through reflex irritation, and occasionally the irritability of the ulcer would remit, from sheer loss of nervous sensibility, resulting from the exhaustion consequent upon inanition, and then the child could eat, when, upon a revival of strength received from the food taken, the nervous irritability would return sufficiently to cause a return of the spasm, when even attempts were made at deglutition. The morphia simply kept this irritability in abeyance till the morbid habit of the nervous system was broken up and overcome entirely, and thus also kept the œsophagus quiet till the ulcer (if ulcer there was) had time to heal. The child now swallows as well as though no difficulty had ever occurred. But I think a return of the spasmodic action may be looked for in case any irritation should arise from incautiously taking aerid or too hot ingesta, or if any severe nervous shock should occur. This, however, remains to be seen.

Hospital Reports.

PENNSYLVANIA HOSPITAL—CLINICAL LECTURE.

BY DR. R. J. LEVIS.

(Reported by Mr. John B. Roberts.)

Varicose Veins and their Treatment by Subcutaneous Ligation.

Varicose veins are frequently met with among persons whose occupation requires constant standing, and the treatment of them is consequently of importance, as the affection entails much suffering upon the patient, and may inca-

pacitate him from undergoing any physical exertion in the erect position.

The veins of the lower extremity are most liable to become varicose; but the spermatic, the hemorrhoidal, and, indeed, nearly all the veins of the body may suffer in this manner upon the occurrence of any obstruction to the flow of blood through them; for the disease consists in a dilated and hypertrophied condition, dependent upon loss of the function of the valves, by which the return circulation is supported against gravity in a long hydrostatic column.

The affection may be caused by a constitutional tendency, as when the heart by its feeble impulse gives rise to venous engorgement; by check given to the portal circulation from cirrhosis of the liver; and whenever there is pressure made upon the veins, as by the gravid uterus, tumors, or enlargement of the lymphatic glands in the groin. The condition is frequently exhibited by blacksmiths and cooks, who are compelled to maintain the erect posture all day, and are, at the same time, exposed to the heat of the fire; and by those who are given to violent muscular action, thereby pressing the blood from the deep veins into the unsupported superficial ones. In all these cases there is a stasis of blood with increased intravascular pressure, producing dilatation of the veins and consequent insufficiency of the valves, which, by failing to support the column of blood against the action of gravity, cause augmentation of the varicose condition of the veins. The vessels are hypertrophied not only in diameter, but also in length, as is conclusively shown by their convolutions, and the tortuous course which they exhibit.

As regards treatment of the affection, the surgeon must be governed by the severity of the symptoms in each individual case, for if the patient suffers very little inconvenience, some palliative measures, as the application of tincture of iodine, or the wearing of some supporting apparatus like the laced stocking, is all that is required; but if the condition is attended with great pain, or complicated by the existence of varicose ulcers, some operative procedure is demanded.

This patient, an engineer, suffers from a varicose condition of the internal saphenous vein, which is exceedingly tortuous and dilated all the way up the thigh, though the trouble is confined to the left limb, which is rather unusual when the affection has attained such a marked degree. He has had also an eczematous eruption, which is not an uncommon complication of varicose veins, and is often quite difficult to influence by treatment; but thus far the patient has been free from the intractable varicose ulceration which so often increases the suffering in varicosity of the veins of the lower extremity. The man has been obliged to desist from work on account of the disease, and has entered the hospital for treatment, which shall be attempted by ligation of the veins subcutaneously.

The most effectual, and at the same time, if properly performed, safest operation for the treatment of varicose veins is subcutaneous ligation, which has been practiced many times in this hospital with complete success, and without any unfavorable symptoms.

The operation is effected by thrusting a straight needle, previously oiled, and carrying a silver wire, across the tissues just beneath the vein; and then after re-entering the needle at the point of exit, the operator causes it to traverse the tissues between the vein and the integument, so that after passing in front of the vessel it is brought out at the first opening. In performing this operation the instrument must be pushed down perpendicularly until it strikes the deep fascia, in order to make sure of getting back of the vein. By this manœuvre a loop is left protruding at one puncture, with the two ends of the wire coming out at the other, while the vein lies between the two portions of wire beneath the surface. The loop is then drawn in, so as by pressure to approximate the sides of the vessels and cause subsequent agglutination; and the ends of the wire are finally twisted together. If desired, the ligature can be carried above the vein, first by pinching up the skin and pushing the needle horizontally across to the opposite side of the vein, and afterwards returning it across beneath the vessel.

The operation must be performed with the patient in the erect position, in order to have the vein well filled with blood; and ligation is repeated at several points, wherever the vessels are most readily isolated, though it is not usually necessary to ligate above the level of the knee.

There is often considerable hemorrhage following the punctures, but this is from the dilated capillaries, for with careful manipulation the puncture of the vein is exceedingly improbable. Should this complication occur, however, it might give rise to serious phlebitis from absorption of pus through the orifice in the vein, and might soon be followed by the death of the patient. After the ligature has been in the tissues a week or ten days, it is better to untwist the wire and withdraw it, though if left it could do no harm, but would ulcerate its way out in the course of several weeks.

The after treatment consists in applying adhesive strips over the wound, surrounding the limb with a bandage, and keeping the patient at rest in bed for ten days.

The element of safety in this operation consists in making but slight constriction of the veins, so that their walls are merely approximated by the pressure; and the ultimate division of the vessels being very slowly accomplished, so that the open calibre of the vein is not liable to be exposed to a pus secreting surface or cavity.

Dr. Levis devised this method of subcutaneous ligature of varicose veins with wire, and has practiced it a great number of times, since the year 1859, without any unfortunate result, and without a failure to produce relief.

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Two weeks have now elapsed since the operation, without the patient having suffered any inconvenience, and the limb shows no appearance of inflammation or even irritation, while the clot in the veins can be easily felt through the skin; hence the ligature can be withdrawn from the tissues by untwisting the wire, and the man discharged from the hospital.

Treatment of Burns of the Human Body.

A man having laid down close to a lime-kiln, fell asleep, and being narcotized by the gases escaping from the kiln, had a large portion of his back burned, or rather almost roasted, before he was discovered. Cases are often seen where individuals have been anæsthetized by the carbonic oxide and carbonic acid given off from kilns, and severely burned without being aroused; but there are instances which show that men under the influence of alcohol may also be severely burned without being awakened from a drunken sleep; and, indeed, it is probable that this patient was intoxicated with alcohol at the time he was burned.

The prognosis in burns of the human body depends not merely upon the depth to which the lesion extends, but, in as great a degree, perhaps, upon the extent of surface involved, as in a case where a man died in a few hours from having fallen into a brewer's vat, containing water that was not boiling, but only hot enough to produce violent irritation of the skin of the whole body. So also the exposure of the entire body directly to the rays of the sun is said to have been followed by serious consequences, though the heat applied is certainly not intense.

There are varied degrees in the severity of burns. Sometimes they produce merely an irritation of the surface and erythema of the skin, without any blistering or elevation of cuticle; at other times, as when the injury is the result of the application of boiling water or exploding gases, vesication takes place from effusion of serum under the epidermis. Destruction of the superficial layers of tissue may be looked upon as a still higher degree, which occurs when the heat is applied for a longer period than sufficient to produce vesication; as in the case of a boy who sat down in, and became wedged into, a bucket of boiling water in such a manner that he was unable to extricate himself. Then, again, if the intensity of the heat be still greater, the muscles, ligaments, and even the osseous structures are consumed; as occurs not unfrequently in the frightful burns from prolonged immersion of an extremity in molten metals. These degrees of burn may be greatly increased in number, for at best they are but arbitrary; and, moreover, a number of them may be seen at the same time in different portions of the injured surface, as in the patient, where at a peripheral point there is merely erythema, further inward vesication, and at the centre complete charring and sloughing of the integument.

There are on record some extraordinary instances where so called spontaneous combustion of the human body has occurred, by the charring beginning at an extremity and gradually extending over the entire frame. The presence of large amounts of alcohol in the system, and the existence of a great quantity of fat in the tissues, have been assigned as causes for catacausis, as this phenomena has been denominated. It seems to be necessary that the individual be in proximity to fire, and that during intoxication a part of the body be exposed and burned; when the remainder of the body is entirely consumed by the fat and alcohol in the system supplying fuel.

Patients after having a large portion of the body burned, generally die from shock, as an old woman, seventy years of age, who was admitted to the hospital a few days ago, with one half the body burned from her clothes catching fire. In such cases nothing can be done, except palliation of the suffering by the administration of stimulants and anodynes, and the employment of soothing applications. If they survive the shock, a fatal issue may result, in two or three days, from congestion of some internal organ, as the lungs, or brain; in the latter of which conditions they become comatose, presenting symptoms similar to those observed in narcotic poisoning. The occurrence of acute laryngitis, pleuritis, and peritonitis, and enteritis, which are frequently observed after burns, respectively of the neck, chest, and abdomen, is rather a curious phenomenon, since the surface has no direct circulatory communication with the larynx, lungs or abdominal viscera. Occasionally in the third or fourth week, if the patient survive so long, ulceration of the duodenum supervenes, accompanied with vomiting and purging. This result is possibly owing to the additional excretory work imposed upon the intestinal glands subsequent to the destruction of the skin, and the consequent cessation of excretion by that channel.

As regards the treatment of burns, it is necessary to meet the indications presented in the various degrees. If the injury has not extended beyond erythema of the skin, the application of some cooling lotion, as cold water, or Goulard's extract of lead, is all that is required. The preservation of the cuticle is important in the stage of vesication, because the epidermis acts as a bland covering; and therefore the indication is to prevent its cracking, allowing the access of air to the denuded surface. The dusting of flour on the burn, or the employment of a coating of a mixture of flour and molasses, so often prescribed in domestic practice, answers a good purpose by excluding the air and preventing breaking of the vesicated surface. Carron oil, a viscid, saponaceous mixture composed of equal parts of linseed oil, and lime water, adheres well to the parts and has a high reputation in these cases. A very good combination is castor oil and carbolic acid; castor oil being perhaps preferable to linseed oil since it has not the exceedingly disagreeable odor that the latter possesses; and the anæsthetic and antiseptic properties of carbolic acid rendering the employment of this agent very beneficial. The solution may be made of one part of carbolic acid to ten of oil,

or if the application is to be made to an extended surface, in the proportions of one to thirty or forty of oil. Instead of this, ointment of the oxide of zinc, with or without carbolic acid, can be used; or the part may be covered with moist clay, as Dr. Hewson has recommended in the treatment of burns and ulcers. When, as in this patient's case, the integument has been destroyed, it is necessary to use poultices until the slough separates, after which emollient dressings are used and continued until cicatrization takes place.

The subject of burns is one of great importance at the present time, for on account of the extensive use of various highly inflammable and sometimes explosive fluids for illuminating purposes, and the application of steam power to every branch of industry, burns and scalds of the human body have become exceedingly frequent, and demand the surgeon's earnest attention, on account of the great mortality and the intense suffering incidental to them.

Medical Societies.

MEDICAL BOARD, EASTERN DISPENSARY.

STATED MEETING, NEW YORK, JAN. 22D, 1874.

(Extract from the Minutes)

Dr. Geo. H. Mitchell, then introduced the following cases, accompanied by sketches illustrative of the lesions.

Incised Wound of Tendo-Achillis, with Complete Division.

The patient, Jas. E. Ray, age 50, publisher, 59 Beekman street, city, by invitation being present, verified the following history: On Friday evening, January 9th, while bathing at French's Hotel, thrust his right foot through the porcelain basin of a stationary washstand, and the sharp edge cut through skin, fascia and tendon, followed by copious arterial hemorrhage.

This latter was speedily controlled by tortion and styptics, and the lower cut end was observed standing out in bold relief, the surrounding skin retracted, and to the touch feeling like a painter's brush. The interspace between the cut extremities being about three inches.

By a splint firmly fixed on anterior aspect of the leg and below the knee, the foot was extended. Strips of adhesive plaster were then applied over the calf, crossing like a pair of suspenders, and secured under the plantar arch. The edges of the wound brought together with two stitches, the limb placed on an inclined plane, and the whole treatment continued thus, and completed with application of ice cold water dressings.

The fifth day the patient rises on a cane, and the seventh, in a shoe with high counter, an initial bandage and woolen sock, attends to business and other duties, in his carriage, and is today able to walk with the help of a cane, short distances.

The gastrocnemius and soleus, parent muscles of this tendon, are noticeably quiet, any effort on their part in the lifting of the heel, even poising the weight of the body on the injured foot being instantly followed by the patient quickly tottering to fall.

Queries.—And now on this thirteenth day after the injury is this good result exceptional? And what would be the effect of bringing the cut ends together by silver sutures?

Dr. O'Sullivan considers this case remarkable in result, also rare in occurrence. Would have prognosed a year. Dr. Abbott saw a case of a woman in whom the tendon was cut by broken edge of a chamber vessel; locomotion in about twelve months. This result is remarkable. Dr. Shiff considers the suture has not a precedent. Had a case of a lad 13 years of age, cut by a mower; was under observation about a year, and at the end of that time walked tolerably well. A second case, an old lady, frightened, stepping hastily from her carriage, ruptured this tendon; saw her about a year afterwards, and she walked round pretty well. Dr. Garrish thinks the suture thus employed should be silver, or other metal. The present result excellent. Dr. Mulreany never had a case of tendo-achillis; heard of a case while in Ireland, of a man cutting sea-weed and cut with a shearing hook; no other assistance; a shoemaker sewed up the wound; in a few months the one foot was apparently as strong as the other; considers twelve months remarkable for a good result.

Dr. Mitchell thereupon introduced the second surgical case.

A Comminute Fracture of Left Elbow Joint, and Simple or Colles Fracture of Radius of Right Arm, both Occurring at same Time and in same Patient

Joanna Fitzgerald, age 28, unmarried, 7 Oak street, city, by invitation being present, verified the following history.

During the evening of Wednesday, October 29th, 1873, in passing from one room to another in her residence, and through a hallway unlighted, she fell to the floor below; this fall, besides the above, resulting in an injury to the nose, orbit of the left eye, a severe lacerated contusion of the frontal bone, fracture of sternal extremity of rib under right clavicle, with ensuing hæmoptysis for several days, as well as several contusions and abrasions of the lower extremities.

The treatment was as follows: for the Colles fracture: a felt splint to the anterior and posterior aspects of the arm, with mid-ridge for the separation of the radius and ulna, with passive motion begun about a week after the accident. For the left elbow joint a letter L wooden splint, which, after the fourth day, when passive motion was commenced, was modified by a leathern hinge and ratchet to shift the angle. The whole by cold water dressings, limbs elevated, and passive motion daily for the following seven weeks.

About December 1st the patient sits up in a chair, and in about six weeks from occurrence

is on the street. Passive motion daily is continued till January 1st. And now, about three months after the injuries, the functions of the right arm are fully restored, while the left forearm is slightly flexed, with power of moving about fifteen degrees, and improving. The patient hooking and unhooking back of her dress, combing her hair and removing her dress unaided.

Dr. Garrish concurs fully; thinks the appliances found in stores not applicable except before classes, or for book illustrations. Relates case of adipose subject with fracture of forearm, accompanied with high inflammatory action in carpal and metacarpal articulations; a year in recovery.

Dr. Mulrcany, wherever the joints are concerned, commences passive motion early. Cites Mr. Gasson's case of a boy in London, England, three weeks without passive motion, in splints; result anchylosis, and action for damages. His cook, fracture patella, six weeks on elevated splint in St. Bartholomew's; result, no motion, and later, death. Has had three patella fractures; figure 8 bandage, and medically bicarb. potass., and tr. opii camph.

Dr. Pilgrim's last case kept the arm in splints for two weeks; then passive motion every other day with good results.

Dr. Sullivan had case of a boy four teen years old; fracture inner condyles arm; result complete anchylosis. Believes passive motion of the joint should commence at once.

GEORGE H. MITCHELL, M. D.

THE IOWA STATE MEDICAL SOCIETY.

This Society met at Des Moines, January 28th, the President, Dr. Robertson, in the chair. We quote the following extracts from his address:—

Few years have contributed so little to the medical history of Iowa as the one which has just passed away.

The general health of the State has been unusually good. Upon our eastern border has prevailed, to a certain extent, an epidemic, which, as it has affected various localities, has been denominated cholera, or cholerine, and has been marked by a considerable degree of fatality. But to the committee to whom this subject was referred shall we entrust its details.

At the last meeting of the Society members from various portions of the State reported another disease which had prevailed with great malignancy in many parts of our country; but I am not aware that cerebro-spinal meningitis now prevails epidemically in Iowa, unless it be in Jones County.

The Fourteenth General Assembly of Iowa, recognizing the necessity, wisely enacted a law authorizing the dissection of the human body, under certain restrictions.

This recognition is truly a great step in advance, and is a tribute to the wisdom of that Legislature in endeavoring to put into the hands of the physician and surgeon the only means by which he can familiarize himself with the human organism, and thus be prepared to intelligently treat its diseases, or repair its injuries. While this valuable and philanthropic law has been placed upon our statute book, a few changes may be suggested by which it would more fully meet the necessities of the profession, and enlarge its field of usefulness. I would suggest that our Committee on Legislative enactments be instructed to ask the Legislature to amend Section 4018, Title XXIV, of the "Code" of Iowa, as enacted by the Fourteenth General Assembly, by inserting after the first clause of said section, the words: "or Superintendent of any Hospital for the Insane; or the Warden of any Penitentiary; or the Directors of the Poor, may deliver to any Medical College, or School, or to any physician in this State, for the purposes of medical or surgical study, the body of any transient patient in such hospital; or prisoner, or pauper, who shall have been unclaimed by friends or relatives of such deceased person, for thirty-six hours after his decease.

An extended inquiry into the causes of idiocy would be replete with interest; but such examination would occupy more time than can be allotted to this paper; my desire being to interest the medical profession of the State in this subject, in so far as to induce our Legislature to make provision, by the organization of an asylum, for the care and education of this unfortunate class of persons.

No class of unfortunates can make a higher appeal for relief on the strictest grounds of charity. In no other class can the power of amelioration be applied by private individuals or local authorities with such prospects of success. Furthermore, in a large percentage of cases, it may be affirmed that an appropriate education will develop a capacity for productive industry.

Dr. H. F. Cleaver, of Keokuk, was next called upon for his report on Puerperal Convulsions. The report was verbal, but was very instructive.

Dr. Clapp, of Iowa City, read a report on Gonorrhœa.

Prof. A. M. Carpenter, of Keokuk, read his report, the subject of which was Reflex Vomiting.

Dr. E. H. Hazen, of Davenport, read a report on Aural Catarrh, illustrated by verbal statements, exhibition and explanations of instruments.

The committee on nominations made the following report:—

President, H. T. Cleaver, Keokuk.

First Vice-President, J. G. House, Independence.

Second Vice-President, T. J. Calwell, Adel.

Recording Secretary, S. W. Thrall, Ottumwa.

Assistant Recording Secretary, J. F. Kennedy, Des Moines.

Treasurer, J. W. Gustine, Panora.

Place of meeting, Des Moines.

THE CENTRAL KENTUCKY MEDICAL ASSOCIATION.

This Association held its thirteenth regular meeting at Danville, January 21st, the President, Dr. Reed, of Lowell, in the chair. The debate was opened by Dr. Burdett, of Lancaster, with a paper on Disinfectants and their Utility. Dr. Dunlap, of Danville, reported a case of Fibroma, exhibiting afterwards the patient. Dr. Jackson, of Danville, read reports of two cases of Tracheotomy, with recovery, one in Diphtheria, and one in Croup. Dr. Bailey, of Stanford, read a report of a case of Morbus Cordis, complicated with Rheumatism and Hæmorrhagica Purpura. Rev. Dr. Taylor, of Danville, by request, exhibited a drawing, illustrating the Chinese ideas of the structure of the internal viscera. Dr. Jackson, of Danville, exhibited a roll of India-Rubber Bandage, used in performing Esmarch's bloodless operations; two Plaster Casts, one showing the throat, fauces, etc., the other all the movements of the eye; some instruments, models, etc., used in Ophthalmology, and a specimen of Croton-Chloral Hydrat. Dr. Cowan, of Danville, exhibited his modifications of the Catheter, and explained their advantages. Dr. McKee, of Danville, exhibited an enlarged Prostate, excessive in the third lobe, and gave a short history of the case. Dr. Jackson exhibited specimens of Abnormal Distribution of Blood-Vessels, and a specimen of an unusual form of Acute Tuberculosis. The following officers were elected for the ensuing term:—

President, Dr. J. D. Jackson, Danville.

Vice-President, Dr. A. D. Price, Harrodsburg.

Recording Secretary, Dr. G. T. Erwin, Danville.

Corresponding Secretary, Dr. S. Burdett, Lancaster.

Treasurer, Dr. W. B. Harlan, Danville.

EDITORIAL DEPARTMENT.

PERISCOPE.

On the Treatment of Diabetes Mellitus with Carbolic Acid.

Dr. W. EBSTEIN and Dr. JULIUS MULLER, of Breslau, have published in the *Berliner Klin. Woch.*, of December 8, 1873, an account of some observations on carbolic acid in diabetes, and though their facts are at present too few to warrant any decided opinion on the subject, yet they are worth recording, in order that others may repeat their experiments on a larger scale. These authors were led to make use of carbolic acid from *a priori* reasoning. Starting from the theory that many cases of diabetes arise from an increase in the ferment which converts amyloid substance into sugar in the liver, they conceived that substances which are known to arrest fermentation would be likely to diminish the formation of sugar. Prout, Griesinger, and Julius Vogel had all previously made trial of creasote (a body chemically allied to carbolic acid) in diabetes, and found it inert. Carbolic acid has several advantages over creasote as a drug. Its composition is definite, its odor pleasanter, and it can be taken in much larger doses. The carbolic acid was given dissolved in peppermint water, strength 1 gramme (= grains 15) to 300 grammes. This quantity was taken in three days—that is, about six to seven tablespoonfuls per diem.

The first patient was a working dentist, aged 46, who had shown signs of diabetes since October, 1872, after some family trouble. There was no hereditary taint, and he had had no previous illness. He had served seven years as a soldier. He was strongly built, but had in six weeks lost thirty-four pounds weight. Sexual power was much diminished. He came under treatment in February, 1873. His urine was on the average eight litres in the twenty-four hours; specific gravity, 1032; amount of sugar, 2.86 per cent. On March 4, after taking altogether two grammes of the acid, sugar had disappeared from the urine, and its specific gravity was 1013. His weight gradually increased from 173 to 185 lbs., and he ceased to attend at the end of July, all sugar being still absent, though there had been traces occasionally present in the interval. He returned on October 29, complaining of his old symptoms, and was found to have about 2.25 per cent. sugar again present, but it disappeared as before on recommencing the carbolic acid. The patient had a mixed diet, and never a purely animal one, during the whole course of his treatment.

The Diagnosis of Cerebro-Spinal Meningitis.

Before the Medical Society of London, lately, Dr. DOWSE read a paper on this disease, the aim of which was to draw attention to the actual seat of lesion in sporadic as contrasted with the endemic type of this disease, and this he endeavored to do by narrating the history and pathological appearances of one of several cases which he has had under his care. Dr. Dowse maintains that in its epidemic form the sensorium is more or less affected from the first; and that the membranes over the superior cerebral convolutions, cerebellum, and posterior columns of the cord, including the

nerve-substance, are primarily, if not wholly, the seats of lesion. He showed by clinical and post-morten evidence that in the sporadic form, on the contrary, the sensorium and special senses are only slightly influenced, and that the inflammation centres itself upon the meninges at the base of the brain and the anterior columns of the cord. He therefore felt justified in giving to the latter affection the name of occipito or basic cerebro-spinal meningitis, in contradistinction to the former well-known disease. He drew his conclusions and diagnosis from signs and symptoms, as evidenced in the following table:—

Epidemic Cerebro-Spinal Meningitis.	*Sporadic or Basic Cerebro-Spinal Meningitis.*
Attack sudden, without any special predisposing cause.	Attack commences gradually and resembles an onset of acute rheumatism.
Apparently of a contagious or infectious origin.	Usually arising from exposure to cold, exhaustion, and privation.
Sensorium affected from the first.	Sensorium never affected until the last stage.
Excito-motor spasms of a tonic character in groups or groupings of muscles, with marked loss of cutaneous and muscular sense.	Inco-ordination of movement with cutaneous formication, partial anæsthesia, muscular hyperalgia, but no tetanic spasms.
Reflex movements common.	Reflex movements rare.
Vomiting urgent and uncontrolable.	Vomiting not so severe.
Temperature rarely exceeds 100°.	Temperature often rises to 105°.
Purpuric maculæ diffuse and general.	Maculæ never seen in the desudate form.
Death usually takes place from coma.	Death usually takes place from apnœa.
Prognosis grave.	Prognosis hopeful.
Post mortem appearances reveal the membranes over the superior cerebral convolutions and posterior columns of the cord as the seats of lesion.	Post-mortem appearances reveal the membranes over the base of the brain and anterior column of the cord as the prime seats of lesion.

How and When to Give Mercury in Syphilis.

This important question was discussed quite thoroughly at a recent meeting of the Hunterian Society of London:—

Mr. JONATHAN HUTCHINSON said that there was far too much weak belief at present in the ranks of the profession with regard to the value of mercury in syphilis, and affirmed that where rightly understood that drug is an *antidote* to the poison of syphilis. He had for many years been himself less certain of many of the opinions he now held, but recent experience had showed him that, first of all, mercury, when given in sufficient amount in the period of the hard sore, had the power in very many cases of entirely preventing the occurrence of any secondary symptoms, thus showing the antidotal character of mercury with respect to syphilis. All persons of experience knew the effect of mercury on the secondary rashes of syphilis; and he was of opinion that tertiary syphilis, which was an accidental sequela of syphilis, was more likely to be absent if mercury were used carefully in the exanthem stage of the disease. Phagedæna, when occurring in a syphilitic sore, was a local accident, and required local treatment; but mercury ought also to be given at the same time for the constitutional taint. In some cases of syphilitic rupia, which had been treated fruitlessly by the iodide of potassium, Mr. Hutchinson had had a cure by giving mercury or using the calomel vapor bath. Hence, he was anxious to make an emphatic protest as to the value of mercury in most of the stages of syphilis. He was convinced of the antidotal properties of mercury, whilst iodide of potassium merely acted on the symptoms of the disease. His treatment of syphilis consisted in giving two or three grains of mercury and chalk twice or thrice daily; but the vapor bath seemed to him to have some special advantages over all other forms of introducing mercury.

Dr. BERKELY HILL agreed to the spirit of the paper, and was greatly in favor of the administration of mercury in cases of true syphilis. When Dr. Drysdale said that the younger men in the profession at present were very skeptical as to the value of long courses of mercury, he (Mr. Hill) reminded the Society that, what was of more consequence, the older men were almost all in favor of mercury in syphilis.

Dr. LIEMSEN, of Aix-la-Chapelle, mentioned that in that city he was in charge of a clinique of cases of inveterate syphilis in persons who flocked to the sulphur springs for the cure of terrible forms of the disease, and many of these patients were cured marvelously by being submitted to courses of mercury, after the failure of iodide of potassium and other drugs. Syphilis of great gravity was there treated by mercurial inunctions, and the number of cases to be seen were most instructive. He advised skeptics to go thither instead of to Christiania.

In Paris, Dr. ALFRED FOURNIER at present advocates a two years' course of mercury in all cases of syphilis, without exception, with intervals of non-administration of the drug every month or two.

Professor GAMBERINI, the well-known syphilographer of Milan, has lately called attention to the way in which, nowadays, the iodides of potassium and sodium are prescribed "in all the forms of secondary syphilis," and deprecates such practice strongly. He says: "The iodides are used as if mercury were no longer of any value. I have examined a large number of cases treated in this way, and have been able to prove that ordinarily the iodides are not beneficial, and that the virtues assigned to them are only the expression of the natural pauses in the course of the syphilis. It is my firm belief that the prolonged use of the iodides as an exclusive remedy in secondary syphilis only serves, as a rule, to impoverish the blood, and so to accelerate the appearance of syphilitic chlorosis." Professor Gamberini recommends those who are skeptical of the truth of his assertions to compare for themselves cases as nearly similar as possible treated with mercury and with the iodides.

A Hint in Giving Iodide of Potassium.

A useful hint is revived in the *British Medical Journal*, by Mr. JOS. P. MCSWEENY. He writes:—

Sir James Paget was the first to call the attention of the medical profession to the following interesting fact, viz., that carbonate of ammonia greatly increases the therapeutic action of iodide of potassium. I have had extensive experience in the treatment of syphilis, and have tried it with the best results, and find that five grains of iodide of potassium, combined with three grains of carbonate of ammonia, are equal to eight grains of the potassium salt administered in the ordinary way. The following case is a good example.

John ——, aged 50, consulted me about a sore situated on his left arm. There was a profuse discharge from it, and the smell was intolerable. On asking him a few questions, I got the following history. He had been a married man, his wife having died a short time ago; he had no children. Some years ago he contracted syphilis, and was treated by mercury, pushed to excessive salivation. The secondary symptoms had been well marked, and the sore about which he consulted me was of eight months' standing. He consulted several surgeons, and could get no relief. I ordered him five-grain doses of iodide of potassium, combined with three grains of carbonate of ammonia. After taking a few tablespoonfuls of the bottle, the bad smell altogether disappeared, as a man told me who was sleeping in the same room; at first he could not bear the smell, but after taking a few tablespoonfuls of the bottle he could detect no smell. The man remained under my care for about a month, and in that short time was perfectly cured, and in very good health and spirits. I could publish five cases with almost similar results. I have also found it of the greatest service in the treatment of internal aneurism, by relieving the pain and helping to consolidate the tumor. (Med. & Surg. Reporter.)

Conium in Chorea.

At St. Thomas' Hospital, London, recently, Dr. HARLEY demonstrated the action of conium by giving three patients suffering from disorderly muscular movements their customary dose. The first patient, a man aged forty-four, had been subject to spasmodic wryneck for some time; the right arm was also affected. He had been for a month in St. Thomas' Hospital, and had taken from three to seven ounces of succus conii daily. He took his dose of three and a half ounces. The second patient had had wryneck for fifteen weeks, and had been under care for five or six weeks, taking five to seven ounces of the juice daily: he took his dose of three and a half ounces. The third patient, aged nineteen, had spasmodic movements of the muscles of the right arm: he took his dose of three ounces of the succus. The fourth case reported was that of a little girl, four and a half years old, who had been subject to severe epileptic fits and hemiplegia of the right side. After taking paralyzing doses of hemlock twice a day for three months, she was better. Hemlock acted upon the motor centres; and while it held in check spasm of one set of muscles, the corresponding muscles of the other side improved in nutrition and power. When under the influence of hemlock the whole muscular system was completely relaxed—the muscles of the face and head to a greater degree than those of the rest of the body. The author thought the juice would be useful in trismus, and in spasm of the orbicularis and gullet. Hemlock was totally destitute of anæsthetic properties; and there was no danger in taking such large doses as were given to the patients. The preparation used was the succus conii of the British Pharmacopœia.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

A Popular Treatise on Man in Health and Diseases. By J. DE VER WARNER, M.D. and LUCIEN C. WARNER, M.D. Sold by subscription. New York, Manhattan Publishing Co., 1873.

Life and Death, or The Creeping Shadow, etc. By D. L. FLEMING. Philadelphia, 1873.

We seriously doubt whether anything we have to say about these works would be agreeable to their authors or publishers, and we don't believe that by any extension of editorial courtesy we could pen a single, good, "quotable" remark about them. Under these circumstances the judicious publisher always prefers the critic to make the briefest possible allusion to books sent in for review, and the judicious reader requires no further hint as to whether they are "indispensable to every library" or not.

The Student's Guide to Surgical Anatomy. Being a description of the most important Surgical Regions of the human body, and intended as an introduction to Operative Surgery. By EDWARD BELLAMY, F.R.C.S., etc. With Illustrations. Philadelphia, Henry C. Lea, 1874. 1 vol. 12mo, pp. 300.

We agree with the author of this work, that there is room among the students' text-books for his little production. It is just such a manual as the student of operative

surgery will find a very valuable aid. Eminently clear in its directions, and admirably illustrated, it gives him just the assistance he needs in the practice of surgical procedure on the cadaver, and in acquainting himself with the anatomy of the surgical regions of the body. We are not aware that there has been any other work of the kind published in this country, and especially recommend it as a substitute for the heavy tomes on general anatomy, and more compendious dissecting guides, which are too often neglected on account of their size.

A Treatise on Acology and Therapeutics, with some of the most Prominent Principles and Rules of Chemical and Mechanical Pharmacy. By J. G. WESTMORELAND, M.D., Professor of Materia Medica and Therapeutics, in Atlanta Medical College. Atlanta, Georgia, Plantation Publishing Company's Press, 1873. 1 vol. cloth, 8vo, pp. 391.

This treatise was prepared as a text-book for medical students in attendance on the author's course of lectures. Its matter is, of course, such as is found in all works of the class; and it is only the arrangement adopted by the writer which claims any particular notice. He classes therapeutic agents into two grand orders, Local Remedies and Elective Remedies. The former of these are again divided into three sub-orders, namely, those which act through vital processes, through chemical processes and through mechanical processes. Elective remedies again act either through vital processes or chemical processes. Various divisions and classes under these sub-orders are given with close detail.

It is doubtful whether these distinctions are not largely artificial, and little capable of subserving useful purposes. That it will direct the student's mind "to the fundamental principles of rational medicine," as the author fondly hopes, we would gladly believe, but have not been convinced by an examination of his work.

A Universal Formulary: Containing the Methods of Preparing and Administering Officinal and other Medicines. The whole adapted to Physicians and Pharmaceutists. By R. EGLESFIELD GRIFFITH, M.D. Third Edition, carefully revised and much enlarged, By JOHN M. MAISCH, Phar. D., etc. With Illustrations. Philadelphia, Henry C. Lea, 1874. 1 vol. large 8vo. pp. 779, sheep.

The excellent standard work of Dr. Griffith here appears, after a careful revision by one of the most competent men in the United States to perform the task. The old and obsolete has been pruned away with a judicious hand, and the approved recent additions to the materia medica given prominence. The increase in the formulary is over a hundred pages, and very much also is added on improved manipulations and processes.

Some little points seem to have escaped the editor. We find no mention of amyl nitrite, for example; not a single formula is given under chloral hydrate; the formula from Ellis, retained, for beef essence, might well have been replaced by a better one, etc. These are, however, slight oversights when we look at the large amount of new recipes collected from various sources. The tendency to simpler combinations and the avoidance of polypharmacy is gratifying, and is not carried too far, as it is apt to be in these days.

The Sphygmograph. Its Physiological and Pathological Indications. 290 Illustrations. By EDGAR HOLDEN, A.M., M.D. Philadelphia, Lindsay & Blakiston, 1874. 1 vol. cloth, 8vo, pp. 169. Price $3.00.

This very handsomely printed and profusely illustrated work is the essay to which was awarded the Stevens Triennial prize by the College of Physicians and Surgeons of New York last year. The instrument employed is a modification devised by Dr. HOLDEN, who claims for it certain advantages over that invented by Prof. Marey.

The work commences with a brief history of the Sphygmograph, and several chapters on the translation of the tracings. The second part opens with a chapter on the practical application of the instrument, and the appearance of the curves in certain diseases. The third part is experimental, exhibiting the tracings as taken when the system is under the action of cannabis indica, gelseminum, aconite, and quinine. No one will question the value of this contribution to sphygmographic science, though the positive results are not numerous.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEB. 21, 1874.

D. G. BRINTON, M.D., Editor.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editor disclaim all responsibility for statements made over the names of correspondents.

NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

THE CONTROL OF CONTAGIOUS VENEREAL DISEASES.

It is worthy of note, as a sign of increasing intelligence on sanitary subjects, that in this city, on January 31st, 1874, the Grand Jury, in its presentment to the Court, urged that some legislative action be taken to protect society against the spread of venereal diseases.

Of course, this measure meets hearty opposition from those who have never examined the propriety of such a step, freed from bias and ignorance. The daily press makes it the subject of moral leaders, and those who look upon disease as a visitation of Providence on a sinful body are ready to utter loud shrieks at this attempt to thwart and foil the designs of Heaven.

With a fatuity highly characteristic of such obscurantists, one of these writers complains:—

"In most of what has been said in favor of this legal abomination, only those interested in its perpetuation have had a hearing, mostly city officers, police authorities and 'examining physicians.'"

And pray, who should be heard on this subject before these witnesses? Who better are able to judge of the benefits of restraining enactments than those whose whole study it is to watch their workings and enforce them?

It is no kind of argument against the propriety of the attempt to limit and lessen such diseases that physicians and legislators are not in accord as to the best mode of doing so, nor as to the results of experiments in this direction in given localities. If patients are to wait until doctors cease to disagree, there will be little medication done in any field of our science.

But, in fact, there is very little disagreement as to the practical and increasing success of the Contagious Diseases Acts in England for example, of the similar regulations in Belgium, and of the municipal regulations of St. Louis. In his last message, the Mayor of the latter city recognized this

fully, and of all the British medical journals there is but one which makes any further attempt to deny the excellent effects of the Acts there.

We regret to see that usually intelligent profession, the Clergy, opposing this movement in Cincinnati. Their position thus taken is in favor of the extension of disease, and vice, and profligacy, and not against it, as they suppose. An unprejudiced study of the question would convince them of this; but too often the fear of "what men may say," influences all professional men to take sides with popular sentiment, and thus escape the duty of opposing it, which would devolve upon them if they were to examine the merits of the feebler side.

Such weakness, though easily understood, cannot be praised. Repeatedly, in this journal, we have spoken of the sanitary and social advantages of subjecting meretricious females to medical examinations, and using such machinery of registration and license as may be best adapted to this purpose. Repeatedly, also, we have shown the success of it elsewhere. (See the REPORTER, vol. xxvii, p. 393; vol. xxviii, p. 377, etc.)

Now that the Grand Jury have presented it as a desirable and needed municipal Reform, let those whose duty it is to protect the health of the Community insist on prompt and definite measures to that effect.

What we ask for is an adaptation to our social conditions of the English Diseases Act. This is unquestionably the most successful of the legislative enactments yet enforced. The French themselves grant this. In the last number of the *Annales d' Hygiene* there is a most able article by Dr. J. Jeaunel, on the "Study of Prostitution and the Prevention of Venereal Diseases in England." The author is a member of the Council of Health of the French Army, and frankly recognizes the superior efficacy and indisputable success of the English Acts. We make some extracts from his article. He remarks:—

"Englishmen have not confined themselves to imitating French institutions, but have organized a uniform, centralized, and well directed service, in vain asked for by French surgeons many years ago. England far surpasses us in institutions destined to diminish the misery and repress the scandalous conduct caused by prostitution, as well as preventing the propagation of venereal diseases. It is in England that we now have to seek for a model system. In France the bureaux of public morals, dispensaries, venereal hospitals, the institution of which we initiated, after remaining without control, and in a state of the most complete anarchy, are still refractory to every kind of progress, and appear condemned to the most contemptuous indifference by the public authorities. In France, military statistics furnish but an uncertain light to public hygiene. In England, on the contrary, prostitution is studied as a social disease with judicious perseverance, and under a Parliamentary Commission. We see these evils attacked with a well-balanced regard for public rights and liberty; we hear venereal diseases loudly denounced as a national plague spot, and combated on a uniform system after full consideration; we notice the efficacy of these measures as evinced by special statistics, proposed, introduced, and collected by a Director-General, and thoroughly sifted by a Parliamentary Commission; lastly, we find these statistics printed for the House of Commons in order to aid in the discussion of the proposed Acts. It is true that these Contagious Diseases Acts, the object of which is to promote morality and public health, are not put in force all over England; but even in this reserve we have reason to admire the prudence and practical spirit of the British nation. In England nothing relative to the national interest is decided upon in a hurry, no rash steps hazarded, no one is taken by surprise. The unprotected districts are made a means of comparison with those towns and cities where the Contagious Diseases Acts have been in force, and furnish the best means of convincing the public of the necessity of all districts being subjected to general supervision."

We submit that when such competent and unbiased testimony proves the beneficent working of such legislation it is high time to stop this senseless twaddle about "legalizing vice," "licensing shame," "di-

minishing the terrors of sin," etc., with which the subject has been befogged in this country. Let the medical profession at least act up to the knowledge they have, or ought to have, on this subject, and make a concentrated effort to have every one of our large cities placed under sanitary protection in this respect. Neglect to do so now, when the need for it is so obvious, will be culpable neglect of duty, or contemptible pusillanimity.

Notes and Comments.

The Increase of Lunacy.

The total number of insane persons in the United States, as reported in the census of 1860, was 24,046, of whom 11,849 were males and 12,197 were females. In 1870, the number reported was 37,382, males 18,174, and females 19,208. In England and our own country, the principal exciting causes are business troubles, losses and anxieties relating to money matters. Singularly enough, in Turkey, other causes are more prominent. Religious influences, and not, as with us, the "struggle for existence," are among the main causes of madness in the dominions of the Sultan. According to the statistics of the special hospital of Suleimanié from 1820 to 1864, there were 673 admissions, 532 being males and 141 females. Of these, 261 were attributed to religious fanaticism. A memorandum, which is the result of twelve years' experience as the Superintendent of Colney Hatch Lunatic Asylum, England, has been written by Dr. Sheppard, who attributes from 35 to 40 per cent. of insanity to alcoholic drinks, which he alleges are flavored with poisonous matters, such as amylic or fusil oil.

The Effects of Sumbul.

This drug, said to be an excellent nervous sedative, especially for the "shakiness" which follows "strong liquor galore," is not much used in the United States. Mr. J. Morgan, in the *Medical Press and Circular*, narrates a curious effect an overdose of the tincture, half an ounce, had on a young man. He took that quantity during the night. He felt confused during the next day, but in the afternoon became more overwhelmed, having a great tendency to snore, and did so while quite awake; he felt as if his legs were not his own, and could not trust himself to walk. There was a general feeling of tingling, stomach not sick, pupils natural, and obedient to light, a strong odor of the medicine from the breath and skin, and especially from the palms of the hands, which felt, he said, "sticky." He had been given strong coffee and tea, and been kept moving by the attendants, who worked vigorously. The snoring while quite awake and conscious, and lasting for several hours, was remarkable, as well as the peculiar odor of the sumbul being more perceptible from the skin than from the breath. The effect gradually passed off by the next evening.

The Predisposition to Cholera.

Speaking of his experience in a cholera epidemic in Paris, Dr. Blakiston says, in the *Medical Times and Gazette*, of London:—

"I may mention that on this occasion I learned that cholera was not communicable by the breath of the patient or by contact with his body during life or after death. For at one time the cholera patients were placed indiscriminately with others in the same ward in the Hotel Dieu, and the disease was not communicated from one to another; and for six months, with one exception, the subjects furnished for dissection in Berard's laboratory in the Ecole de Medecine were all choleraics. The correctness of this view has been confirmed by modern researches, giving reason to believe that the germs of the disease are propagated through the dejecta finding their way into water and food, and thus to other persons. It is a curious circumstance that Dr. Beale should have found the villi of the intestines in a state of chronic disease in all the bodies he examined of persons who had died of cholera. This may account for the exemption of myself and others in the midst of the disease day after day."

Female Gymnastics.

In a circular issued by the Berlin Medical Society, it is stated that it is the deliberate conviction of its members that systematic instruction in gymnastics for young girls of all classes of society is desirable, "even more so for girls than for boys, since the physical condition of the female is calculated to affect in the highest degree the constitution of future generations." This example we hope will be followed generally in this country.

Therapeutical Notes.

BANDAGING IN ACUTE RHEUMATISM.

Dr. Oehme, in the *Archiv fur Heilkunde*, recommends immovable bandages in acute rheumatism, thus securing perfect rest. He relates his experience of this means of treatment in forty-five cases. After comparison with various means of treatment employed in forty-five other similar cases, Dr. Oehme stated the following result in favor of the bandage system:—1. The pain is considerably lessened. 2. The duration of fever is much shortened. 3. The duration of the whole attack is considerably abbreviated.

CHRONIC BRONCHITIS TREATED BY INCENSE.

The latest "wrinkle" in medication is the invention of an English firm, Field & Co., of Lambeth. They make candles containing in their substance some of those gum-resins and balsams, especially benzoin and storax, which from time immemorial have been found useful in chronic bronchitis and allied maladies. When burned, the candles yield, by the combustion of these drugs, a pleasing fragrance, and at the same time give a fairly good light. The idea is a good one.

NITRATE OF LEAD IN ONYCHIA.

Mr. Marsh writes his experience of this treatment to the *British Medical Journal*. His case is as follows:—

The disease, which affected the thumb of a girl aged nine, was of a severe form, and of many months' duration. The child's mother said she had taken her to various surgeons, and that none had done her any good. She was so discouraged by these failures that she believed the thumb would never get well, and said she would give any one five pounds who would cure it. I ordered the powdered nitrate to be dusted upon the onychia every night and morning, and gave the child cod-liver oil and steel wine. On seeing her again at the end of a fortnight, I found that she was cured. The fragments of the old nail had disappeared; the ulcer was completely healed; the end of the thumb was nearly restored to its proper size; and the skin, which at first was of a deep dusky-red color, was now almost natural. The first application of the nitrate increased the pain for about a quarter of an hour, but after this scarcely any pain was felt. Before the lead was used, the pain had been very severe.

WHOOPING COUGH.

The following two formulæ are highly recommended in this disease, by writers in the *Lancet*.

℞.	Chloral hydrate,	gr. xij.
	Ipecacuanha wine,	ʒj.
	Syrup of orange,	ʒij.
	Peppermint water,	ʒjss.

To a child three years old, one teaspoonful of the above mixture should be given every four hours.

℞.	Bromide of potassium,	gr. xxx.
	Dilute hydrocyanic acid,	♏ v.
	Tincture of conium,	ʒj.
	Syrup of squills,	ʒ iij.
	Water,	ʒ ij.

Two teaspoonfuls to be taken every four hours.

PALATEABLE COD-LIVER OIL EMULSION.

The following prescription has been recommended to us highly by some fastidious patients. Its author we did not learn.

℞.	Vitell. ovi,	no ijss.
	Ol. morrhuæ,	
	Vin. xeric,	āā ʒ iv.
	Ac. phos. dilut.,	ʒ vj
	Syr. simp.	ʒj.
	Aq. amyg. amar.	q.s., ut ft.
	Emulsio ad.,	ʒ xvj.
		M. sec. art.

Sig. Two tablespoonfuls after meals.

Does Alcoholic Medication lead to Drunkenness?

A year or two ago we took strong grounds on the negative of this question, and we are glad to see our position confirmed by the following words of Dr. Peyton Blakiston, of London, in the *Times and Gazette*. The writer is well known as a physician of very wide experience. Speaking of alcohol he says:—"In my work on "Diseases of the Heart," after giving a summary of its mode of action, I concluded by stating that '*in no case was a habit of drinking known to have been induced by it*,' and this I emphatically repeat now. Last year, however, a document appeared in the public prints, signed by a large number of influential members of our profession, the preamble of which stated that 'It was believed that the inconsiderate prescription of large quantities of alcoholic drinks for their patients by medical men had given rise in many cases to the formation of intemperate habits.'

"I yield to no man in my anxious desire to see a stop put to the hateful vice of intem-

perance; but I will not do evil that good may come, by allowing assertions to pass unnoticed which I well know rest on no sound foundation. To say nothing of my own experience in the matter, I have conversed with many men in large practice, but none of them have been able to furnish me with a single fact corroborative of the statement contained in the "Declaration" which has been quoted above; and I challenge those whose names were attached to it to bring forward well-authenticated cases which have occurred under their own observation and in their own practice, and which justify the assertion they have sanctioned. I have myself been told, not unfrequently, by the friends of those whose intemperate habits could not be concealed, that they arose from stimulants having been ordered in an acute attack of illness by a former medical attendant; but I seldom failed to discover either that the habits had been contracted previous to the illness referred to, or else that it had been induced in a very different manner. It is, indeed, a matter of surprise that attempts such as these to make a scapegoat of the doctor should be received without due investigation by well-educated men of the world, who ought at least to know something of the laws of evidence."

Just such a challenge we printed in the columns of the REPORTER, and not one physician has taken it up.

The *value* of alcoholic medication is a different question. Our friend, Dr. Sumner Stebbins, appears, we observe, as an earnest opponent of it in *The Western Star*, but we imagine his converts are few.

How to Deprive Iodine of its Stain.

Add a few drops of phenic acid to the tincture, and it will not stain; moreover, the tincture is more efficacious, and its action more certain. M. Bogs recommends the following formula for use in injections: Alcoholic tincture of iodine, three grm.; phenic acid, six drops; glycerine, 30 grm.; distilled water, 150 grm. This preparation is superior to all others in the treatment of blennorrhagia and leucorrhœa.

—During the year just closed the coroner of Philadelphia held 927 inquests. Of this number 661 were males and 266 females. The expenses of his office for the year were $13,399 75.

CORRESPONDENCE.

A Case of Triplets—Severe Post-partum Hemorrhage.

ED. MED. AND SURG. REPORTER:—

I was called at 2 o'clock on the night of December 20th, 1873, to see Mrs. J—— K——, æt. 31, a frail and delicate woman, in labor. The first labor pains were felt at 1 o'clock A. M. From the enormous distention of the abdomen, which I noticed as soon as I approached the bed, I was satisfied that I had an unusual or complicated case of some kind to deal with. The pains were regular and forcible, recurring at intervals of from five to ten minutes.

Examining, per vaginam, I found the os uteri thoroughly dilated and labor progressing rapidly. The membranes were easily ruptured by pressure on them during a pain, a moderate quantity of liquor amnii escaping. The head of the fœtus was presenting, the vertex in the first position of Baudelocque. The expulsive contractions of the uterus continuing quite vigorous, the successful delivery of child No. 1 was soon accomplished. Handing it, as soon as practicable, to an assistant, I immediately placed my hand on the abdomen, to ascertain its size, as well as the condition of the womb, which I still found considerably above normal dimensions at full term. An examination by the vagina, revealed, through an unruptured sack, the head of another fœtus, engaging in the superior strait. The expulsive efforts being now somewhat feeble, I ruptured the membranes again, and found the vertex in fourth position. The pains continuing rather feeble, and there evidently being no obstacles in the way, I administered a full dose fluid ext. ergot, which, in twenty minutes, induced the most vigorous expulsive efforts, resulting in the speedy delivery of child No. 2, but in an apparently moribund condition; not asphyxiated, but more resembling a state of syncope; from which, however, by proper appliances, it soon rallied. This condition was induced, I afterwards supposed, by pressure on its cord by the remaining contents of the womb. Examining the abdomen again, I found it, somewhat to my surprise, at least as large as is usual at full term, and in the vagina I found a very full and tense sack of water, rupturing which, I came in contact with the head of *another* fœtus, vertex in second position, and rapidly descending. The pains continuing very vigorous, child No. 3 was born in less than thirty minutes from the birth of No. 2.

Thus, in less than three hours from the inception of labor, had my patient given birth to three living, healthy, well-formed boys, weighing, respectively, 6, 4½, and 6½ pounds. The *afterbirth*, by far the largest I ever saw, with all three cords attached near its centre, was removed in about thirty minutes. The most complete and thorough contraction of the uterus followed the delivery

of the secundines, to secure which I had again administered a full dose fluid ext. of ergot.

I now ardently hoped that our trouble and danger for the night were over, and that I could congratulate my patient on her wonderful achievement in accomplishing so much in so short a time, and at apparently so little expense; but in this I was doomed to disappointment. The womb, notwithstanding all my efforts to maintain a state of contraction until permanent measures could be adopted, relaxed, completely relaxed, and the most copious and destructive hemorrhage resulted, carrying my patient to the very verge of death, before I succeeded in finally and effectually stopping it.

Internally I gave nothing but the ergot. My main reliance was on my hands, principally in the womb, exciting contraction and removing clotted blood, of which I removed an enormous amount; and external support, by means of a properly adjusted bandage, tightly drawn around the very flabby and over-distended abdominal parietes. To avert the evidently impending syncope, I removed all pillows from under my patient's head, and elevated the foot of the bed, that, by having her on an inclined plane, with the head downward, I might, by force of gravity, retain as much blood on the brain as possible. I also freely admitted fresh air into the room, and cautiously administered a little brandy. Having my Davidson syringe with me, I hastily prepared a solution of "*Monsell's Salt*," but to my unspeakable gratification the hemorrhage ceased, and I did not have to resort to its intra-uterine application. My patient, though greatly prostrated, rested comparatively well, and slowly recuperated. Four weeks have since elapsed; she has continued to improve gradually, but decidedly and satisfactorily.

I desire particularly, in this connection, to speak of the absolute importance of the early application of the bandage, even as a prophylactic measure against hemorrhage, particularly in cases of weak and delicate women, and when, as in this case, the abdominal walls have, during the latter months of gestation, been so enormously distended. I am thoroughly convinced that in this case, and in others which I have witnessed, without the aid and support to the yielding and flabby walls afforded by the bandage, all my efforts and appliances would have been unavailing, and my patient would have bled to death. I always, in case of post-partum hemorrhage, administer some preparation of ergot, without, at the same time, placing much reliance on it. The great object, *the main point*, should be to maintain the womb in a state of contraction. To this end, its cavity and that of the vagina, must be kept clear of clots, to accomplish which the *hand* is, *emphatically*, the most convenient instrument. A properly adjusted bandage, applied with moderate tightness, should be regarded as indispensable. A proper regard to the position of the patient should always be had, with the free use of cold acidulated drinks, particularly if thirst and faintness be present. These measures failing, the persulphate of iron, in proper solution, should unhesitatingly be injected into the uterus.

Respectfully,

GEO. W. TOWNES, M. D.

South Carrollton, Ky.

Self-Reducing Hip-Joint Dislocation.

ED. MED. AND SURG. REPORTER:—

Mrs. K. S., a young married lady, has been for several years the subject of frequent dislocation of the right hip-joint, which nature, unassisted, has always succeeded in reducing.

She sent for me July 11th, 1873, in order that I might see her while she was suffering from what was to her an unaccountable "spell," so she called it. She had been picking currants, and while sitting on her feet she leaned over to one side and immediately felt a sharp pain in the right hip-joint, and became at once unable to stand without assistance. When supported in the erect posture the right limb was slightly flexed upon the body, about one and a half inches longer than its fellow, but occupying its relative position towards that limb.

I caused her to lie on her back, with the pelvis as nearly square as possible. The right limb measured one and a half inches longer than the left. Could turn the foot inward and backward until it stood at an angle of at least 160° with its normal position. Found the head of femur in the thyroid foramen.

This dislocation has occurred very often of late, and greatly interferes with her duties, as she is unable to do anything for hours after its occurrence. She has never been compelled to have any assistance in its reduction, nature having been able to perform that work unassisted by art.

She has called the attention of several physicians to the case, but as they never saw her while the joint was dislocated she received little satisfaction as to the real nature of the trouble.

Having learned the history of the case I made no attempt to reduce the dislocation, as she suffered no pain while in the recumbent position, but left it to nature. In a few hours she was all right again.

E. BURD, M.D.

Lisbon, Iowa, Feb. 5th, 1874.

NEWS AND MISCELLANY.

The University of Pennsylnania.

The handsome building of the new Hospital of the University is rapidly approaching completion, the carpenters being now actively engaged upon the inside work. The walls of the Medical Department are also steadily rising, and by another autumn we may confidently expect to see a splendid

trio of edifices which will be a pride to the old Institution and to West Philadelphia.

The Board of Trustees of the Hospital is now fully organized, and the perfection of details is being rapidly carried forward. Six new positions have been created, the incumbents of which are to be styled Professors in the Hospital of the University of Pennsylvania, but are not to receive compensation.

The following appointments have been made:—

D. Hayes Agnew, M. D., Professor of Clinical Surgery.

John Neill, M. D., Associate Professor of Clinical Surgery.

Wm. Pepper, M. D., Professor of Clinical Medicine.

Wm. Goodell, M. D., Professor of Clinical Obstetrics.

Wm. F. Norris, M. D., Professor of Ophthalmology.

Geo. Strawbridge, M. D., Professor of Otology.

These, with certain lecturers, yet to be appointed, will constitute the staff of the Hospital.

The Board of Managers consists of eighteen members; five elected by the Board of Trustees; three by the Society of the Alumni; three by the contributors, together with the seven Professors of the regular Faculty.

The following Managers have been elected:—

By the Trustees.—Geo. B. Wood, M. D., J. H. Town, Eli K. Price, J. Rodman Paul, M. D., R. D. Wood.

By the Faculty.—Jos. Carson, M. D., Robt. E. Rogers, M. D., Jas. Leidy, M. D., Francis G. Smith, M. D., Richard A. F. Penrose, M. D., Alfred Stillé, M. D., and D. Hayes Agnew, M. D.

By the Alumni.—Wm. Pepper, M. D., Jas. Tyson, M. D., and H. C. Wood, Jr., M. D.

By the Contributors.—I. V. Williamson, Saunders Lewis, and John S. Newbold.

This Board has organized, and elected Prof. Geo. B. Wood, President; Prof. Alfred Stillé, Secretary; Saunders Lewis, Esq, Treasurer.

The reunion of the Alumni of the Medical Department will take place at the new buildings on March 11th (the day before Commencement), when an opportunity will be given to all to inspect the edifices which will ever stand as monuments of the zeal and energy of the Alumni of this Institution.

Mason County, Ill., Medical Society.

The following officers were elected January 8th, 1874: President, Dr. J. P. Walker, Vice President, Dr. P. L. Dieffenbacher; Secretary, Dr. J. B. Browning; Treasurer, Dr. G. W. Parking; Censors, Drs. Paul, Ellesberry, Dieffenbacher, Con and Crane.

—The trichina is reported from Aurora, Indiana.

The Magdalen Society of Philadelphia.

This Society held its annual meeting last week. The number of inmates at last report was 27; admitted since, 29; whole number admitted, 56. Left the Asylum at their own request, 5; gone to service, 9; died, 1; returned to friends, 6; sent to the hospital, 2; total number in the family at present, 34.

It is a charity most worthy of support, and we regret that want of funds prevents more active endeavors on its part to lessen one of the saddest evils of large cities.

Philadelphia County Medical Society.

The next conversational meeting will be held Wednesday evening, February 25th, 1874, at 8 o'clock, P. M. Dr. L. Turnbull will read a paper on "Tinnitus Aurium." All regular practitioners of medicine in the city are invited.

Cholera and Yellow Fever.

The telegraph, via Lisbon, on February 12, from South America, reports that the yellow fever continues unabated in Rio, and the cholera is raging with great violence in Buenos Ayres and Montevideo, and thousands of people had fled from those cities.

Personal.

Dr. J. H. Schenck, the inventor and proprietor of various patent medicines addressed to consumptives, died last week, in this city, aged 63 years. Although called "Dr.," we are not aware that he ever studied for a degree. The recipe for his Pulmonic Syrup was published in the REPORTER a number of years ago. The deceased was favorably known for his liberal gifts to charitable institutions and for uniform kindness to his employees.

The Incurably Insane in Illinois.

The laws of Illinois make no provision for admitting the incurably insane into Insane Asylums. Year after year attempts have been made by humane members of the Legislature to secure the enactment of a law to provide accommodations for these unfortunates, but strangely enough all attempts in that direction heretofore have failed.

It is gratifying to learn that the present Legislature is aiming to correct this deficiency.

—In a French industrial establishment, employing six hundred and thirty men, chiefly vegetarians, the sick fund was constantly in debt. The director of the establishment took measures for the introduction of butchers' meat into the food of the men, and the effect was such that the average loss of time per man, on account of illness or fatigue, was reduced from fifteen to three days per annum. Thus the animal food saved twelve days' work a year per man.

Spontaneous Combustion of a Dressing.

The papers of Wausau, Wis., tell of a man who was badly scalded, and had the parts dressed with linseed oil, rags, and cotton. As is not at all unexampled, this dressing took on spontaneous combustion, to the intense agony of the patient, the surprise of his doctors, and the astonishment of the local gossips. It is just as well to remember that fires originating from this cause are of no unfrequent occurrence.

QUERIES AND REPLIES.

Anonymous Communications.

Lying before us are several anonymous communications. One by an "Outsider," criticises some of the recent appointments to the University College Hospital; another attacks the views of the student of medicine whose letter appeared in the REPORTER, February 7th; a third calls attention to the appearance of the name of a quack of this city in the roster of a county medical society, claiming recognition as regular. All these missives are pointedly written, but we cannot publish or reply to communications from anonymous sources. We do not require the names for publication, but for our own information.

About Variola.

MR. EDITOR:—I wish to ask you whether small-pox can produce varicella, or whether in varioloid there may be two or three successive crops of papulæ and vesicles, extending over a period of three weeks. Also whether varioloid is capable of producing the same disease in persons protected by vaccination. I have for a month past been attending several cases of small-pox, five in all, and also twelve cases in the same families of what I diagnosed as varioloid, but in all of the latter cases the course of the disease and character of the eruptions more resembled chicken-pox. D. F. R.

New Jersey.

Reply.—Variola cannot beget varicella. Varioloid does reproduce itself in vaccinated persons. The phenomenon of successive crops of pustules extending over as much as three weeks, we leave to some of our readers to parallel and explain.

OBITUARY.

PROFESSOR WLLIAM PROCTOR, JR.

William Proctor, Jr., Vice-President and Professor of Theoretical and Practical Pharmacy at the Philadelphia College of Pharmacy, died suddenly, of heart disease, at his residence, in this city, February 10. Deceased was a native of Baltimore, and was fifty-nine years of age. He has been engaged in the apothecary business for a number of years, and held the chair of Materia Medica Pharmacy, in the College of Pharmacy, from 1847 to 1867, afterwards being elected to fill the Professorship of Theoretical and Practical Pharmacy in the same College, which he held up to the day of his death. He was also editor of the *American Journal of Pharmacy*, from 1850 to 1871, when he resigned the position. He lectured at the College of Pharmacy on Monday evening, and seemed to be in excellent health up to half past twelve o'clock that night, when he was taken ill and died suddenly.

DR. HERSCHEL FOOTE.

Dr. Herschel Foote died, February 6, 1874, in West Philadelphia. He was born in Westmoreland County in 1834, graduated at the Jefferson Medical College of this city, and commenced the practice of his chosen profession in Fayette County. In 1863 he removed to Philadelphia, locating in the village of Hestonville, where he continued to practice until his death.

His professional abilities and natural kindness of heart soon won the confidence of his professional brethren and the community at large, and brought him an extensive and lucrative practice. For nine years he was physician to the St. John's Orphan Asylum. In October, 1872, he was attacked with pneumonia, which resulted in the formation of an abscess in the lower lobe of the left lung, causing intense suffering and great prostration. In the following February, by the advice of his physician, he went to Florida. The mildness of the climate had a beneficial influence upon his health, and he returned home in April apparently much better. He immediately resumed his practice, and continued to discharge his professional duties, until a few weeks before his death. The formation of other abscesses, and the development of tubercle hastened a fatal termination.

MARRIAGES.

CRAWFORD—WALKER.—In Pittsburgh, at the residence of Jacob Black, Esq., on Monday evening, January 26th, by the Rev. J. S. Elder, Dr. A. W. Crawford, of Kensington Place, Butler county, Pa., and Mrs. Jenny G. Walker, near Shippenville, Pennsylvania.

GLENTWORTH—GLENTWORTH.—At Boston, February 3, by Right Rev. Benjamin H. Paddock, D. D., Bishop of Massachusetts, James Linton Glentworth, of New York, and Carrie E., only child of the late Dr. Horatio N. Glentworth, United States Navy. No cards.

STOCKTON-HOUGH—WETHERILL.—On the 29th ult., at St. Mark's Church, Philadelphia, by the Right Rev. William Bacon Stevens, D.D., assisted by the Rev. Theodore M. Riley, John Stockton-Hough, M. D., of Philadelphia and Miss Saidee Macomb Wetherill, daughter of the late William Wetherill, M. D., of Montgomery county, Pa.

MATEER—DONLEY.—By Rev. J. L. Thompson, January 22d, at the residence of Mrs. Woodward, Dr. R. M. Mateer and Miss Mary J. Donley, all of Elderton, Armstrong county, Pa.

STRADER—SIMMONS.—At Hackettstown, New Jerser, October 22d 1873, by Rev. S. B. Rooney, J. C. Strader, M. D., of Phillipsburg, and Miss Lucy A. Simmons, of Lafayette, both of New Jersey.

DEATHS.

BLAKE.—In Waterbury, Conn, January 3d, Clara M., wife of Dr. E. W. Blake, and daughter of the late Mr. Samuel Glidden, of Claremont, N. H., aged 53.

BOLTON.—On the 24th ult., of pneumonia, after a short illness, Charles Bolton, M. D., of Whitemarsh, Montgomery county, in the 57th year of his age.

JAMES.—In this city, on the 22d inst., Rev. Isaac James, M. D., in the 97th year of his age.

LOWEREE.—At Newark, N. J., Monday, February 2d, Emily, wife of T. W. Lowerce, M. D., in the 66th year of her age.

SMITH.—At Perth Amboy, N. J., on Tuesday, February 3, Charles McKnight Smith, M. D., in the 71st year of his age.

WRIGHT.—At Newtown, Long Island, on Saturday, January 24th, I. C. Wright, aged 71 years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 887.] PHILADELPHIA, FEB. 28, 1874. [Vol. XXX.—No. 9.

Original Department.

Communications.

SOME PRACTICAL HINTS FOR THE TREATMENT, AND FOR THE PREVENTION OF UTERINE DISORDERS.

BY WILLIAM GOODELL, M. D.

Physician in Charge of the Preston Retreat; Clinical Professor of the Diseases of Women and Children, in the University of Pennsylvania, etc.

(*Concluded from No.* 886.)

GENERAL HINTS.

One potent cause of invalidism in our women is that keeping up of appearances which infects every class of society. In other countries, where the wall of exclusiveness is insurmountable, each class accepts the situation, and lives and moves in accordance with the requirements of its position in life. Here, every one feels, or tries to feel, "as good as" one's neighbor; but this feeling of equality, in one sense a virtue, is such no longer when the poor ape the extravagances of the rich. The man asserts his equality by his ballot; the woman, by her needle. In the one this self-assertion is a periodic explosion, and he feels the better for it. In the woman it is a life-long, heart-wearying struggle. Hence that endless cutting, and basting, and turning; that perpetual needle-plying, which is the canker of so many of our households. Our very servants catch the folly, and spend all their wages and all their leisure in vying with the toilets of their mistresses. By this foolish rivalry the mothers and daughters of this land destroy the little health that a false system of education has left to them. What physician is there who has not seen ambitious mothers break down under the burden; or who does not expect some of his patients to be at least laid up by their spring and autumn dressmaking? One word here about the sewing-machine. While I do not believe all that is laid to its charge, yet its treadle motion does undoubtedly lead to pelvic and portal congestions. In spite of myself I have become convinced that no woman who operates on this machine as a trade can long escape from some uterine derangement. Even its family use is not unattended with risk, because, although intermittent, it is liable to be too prolonged.

Were not the subject already too hackneyed, I might enlarge, as other causes of ill-health, upon late hours and social dissipations, upon that false and restless philanthropy which neglects home, and upon that unhappy discontent which forgets that to be loved one must be loveable. Woman shines best and thrives best, not in the adulation of society, not in obtrusive self-assertion, but in the quiet and faithful performance of her home duties. The heat and stir of life is food for man's more rugged nature. The wholesomest passages of her life are those which, like the thesis of a symphony, are unpercussed and unaccented.

The banishment of the corset from the waists of those who have attained to years of discretion would be a great boon to the sex; but the profession is powerless against the Moloch of fashion. Their disinterested warnings in that direction are like those of Cassandra, truthful, but unheeded. The family physician can, however, do the next best thing, and that with some show of suc-

cess. He can solemnly adjure the tightly harnessed mothers of the land not to allow their growing and romping daughters to put on the maternal armor. He can earnestly plead for the support of their underclothing by the use of shoulder-straps or of "skirt-supporters." This advice is not untimely, for I am assured, on the good authority of a fashionable corset-maker, that even the school-girl of the period has an ideal waist. A waist to which she squeezes, and laces, and tortures herself down, for the simple reason that it is always more slender than her own.

Too much brain-work, too little house-work, is another crying evil of our land. Precocious cleverness is attainable only at the cost of physical and sexual development. Manifold diseases, many of them of a uterine complexion, date from the recitation room. Under the high-pressure system of our public schools, even a class which ought to live by manual labor is made unfit for it. Hence an inability to work attaches degradation to domestic labor, and town and city teem, therefore, with pale-faced and flat-chested women, who seem to have no other hold on life than a capacity for momentary enthusiasm; no other aim in life than the absolute Nothing, the Nirvana of the Buddhist. Our great-grandmothers got their schooling during the winter months, and let their brains lie fallow for the rest of the year. They knew less about Euclid and the classics, than they did about housekeeping and housework. But they made good wives and mothers, and bore and nursed sturdy sons and buxom daughters, and plenty of them at that. From the age of eight to that of sixteen our daughters spend most of their time either in the unwholesome air of the recitation-room, or in poring over their books when they should be at play. As a result the chief skill of the milliner seems to be directed towards concealing the lack of organs necessary alike to beauty and to maternity, and the girl of to-day becomes the barren wife or the invalid mother of to-morrow. Surely a civilization that stunts, deforms, and enfeebles, must be unsound! To reform these abuses, to reclaim woman to womanhood, to make wives *helpmates* in the true sense of the word, is then one great mission of the physician, a mission which he must cheerfully and dutifully accept.

Marcus Aurelius, St. Augustine and other great and noble men wrote with tender affection of what they owed to a mother's love, to a mother's care. If that imponderable essence, the mind, can be moulded and shaped by a mother's heed, why not the body? Why should not the culture of the one be as much an object of maternal solicitude as the culture of the other? To preserve, then, the priceless gem of health, let the physician teach mothers how to preside over the physical education of their daughters, how to pilot their frail bodies safely through the shoals and quicksands of girlhood; for at this time of life an ounce of mother is worth a pound of doctor. To this end, girls should be early made to throw back their shoulders, to maintain an erect carriage, and to walk with toes pointed outward. This attitude puts into action muscles which increase the obliquity of the pelvis to the trunk, and consequently lessens the downward pressure of the abdominal viscera upon the pelvic organs. Their clothing should be thick and warm; their shoes stout and roomy; their brains not overtaxed. Candies, doughnuts, and hot biscuits must be struck out from their fare; such trash has made our dentists world-renowned. Habits of regularity in sleep, as well as in the evacuations, should be scrupulously enforced. Over-work in a constrained position, especially that at the sewing-machine, must be forbidden. Let them daily take sunshine and exercise in the open air. But, on the other hand, let them, during their monthly sickness, avoid picnics, sleigh rides, dancing parties and other like imprudences. The risks from suppression should be vividly pointed out, else they could hardly be persuaded to forego pleasures which, at such times, are fruitful sources of mischief. Mothers should, therefore, diligently supervise the catamenial week of their daughters, and at that time forbid all over-work of brain and body. Would that all women could be taught to look upon the law of periodicity in their nature not as an affront to womanhood, not as the mark of a curse, but as a dower of health and beauty if respected, as the leaven of life-long invalidism when abused!

Let mothers select the books which their daughters read. None of the namby-pamby trash of our circulating libraries, none of the prurient literature of the day, should cross the threshold of a well-ordered home. It heats the blood; it inflames the passions;

it goads on to precocious pubescence; it throws a halo of false and sickly sentiment around the day-dreams of youth. Let mothers themselves be implored neither to buy nor to borrow those vile pamphlets which flood the length and breadth of this land; a literature which, while professing in good faith to treat of the conjugal relations, covertly panders to our worst instincts, and defiles with the slime of an impure fancy. While on the subject of books, let me here urge upon my readers the perusal, and the circulation among their patients, of two most excellent works; the one, "Wear and Tear," by Dr. S. Weir Mitchell; the other, "Sex in Education," by Dr. E. H. Clarke. A timely essay by Dr. Nathan Allen on "Physical Degeneration" (*Psychological Journal*, October, 1870), can also be read with much profit. To these authors I am indebted for some of the thoughts embodied in this paper.

Certain causes of uterine diseases there are, which I would gladly leave unnoticed, for it is hard, in acceptable language, even to allude to them. But so wide-spread are the evils resulting from them, that to pass them by would be a flagrant sin of omission. "Two things come not back," said the Caliph Omar, "the sped arrow and the spoken word." Deeply impressed by the wisdom of this saying, I shall try so to write on these delicate subjects, as never to regret what I have written.

Arguing from a strictly practical and not from a sentimental point of view, but with all reverence, the love interchanged between man and woman is no mere operation of the mind, no sheer intellectual process. However pure this passion may be, it is necessarily twofold in its nature. It is an alloy, made up, like ourselves, of body and mind; the grosser moulds so interfluxed with the more ethereal, that the one finds its most passionate expression in the fruition of the other. Abstract love between the sexes cannot, therefore, exist in any other sense than that engendered by blood ties. Forgetful of this absolute law of our being, sentimentalists have judged too harshly of Abelard, and lavished too one-sided a sympathy upon Heloise. Without further comment, the antenuptial relations, at least such as custom commonly sanctions in this land—and, I believe, in no other—are therefore, when prolonged, very disturbing elements to a young girl's health. Long engagements, by keeping up a wearing nervous erethism, are not only recognized, but even classified, by alienists, as one of the causes of insanity in women. Much more frequently the nervous exaltation is spent upon the reproductive organs; for there follows an awakening of sense which is not, as in man, appeased by the distractions of business pursuits. Uterine trouble from this source any open-eyed physician will over and over again see. Now, it is true that in love affairs the physician must be no meddler; match-making is certainly not his business. But, as a tried and valued friend, as a brother beloved, he can speak out when others may not even hint. Or, when consulted by the anxious mother about symptoms in her daughter plainly referable to the reproductive organs, he can disclose the cause, and thus be the means of hastening on the cure.

If the caresses of lovers are prejudicial to good health, every like relation between the sexes must be exposed to like dangers. In too many rural districts, and in the lower classes of citizens, such license is tolerated in the social intercourse between the youth of each sex as must be destructive alike to good health and to good morals. But, since it is not to my present purpose to appear as a social reformer, I shall confine my remarks to the hygienic aspect of the subject. The "old folks" are shelved too soon. Young people are left too much to themselves, and thrown too much together. Their social gatherings are too rarely presided over by their mothers or their seniors. As a very natural consequence, their games become coarse, their forfeits immodest, and little by little this freedom from restraint is liable, finally, to degenerate into such gross familiarities as would be improper between even affianced lovers. An unnatural sexual excitement is thus kept up, which must do physical harm. Of the moral harm I say nothing; the fathers who read these lines must draw their own conclusions. In this matter I am plainly at a loss to see how a physician can interfere in any other way than by setting a good example in the order and decorum of his own household. A nimbler wit than mine may work out some better way; if so, his be the credit; I do but throw out hints.

The excesses of the honey-moon journey, conjoined with its fatigues and its discomforts, are too often the starting-point of uterine disease. Here, again, will the family

physician delicately proffer his counsel. In chosen words he can hint at moderation in all things, and suggest the avoidance of the usual exhausting round of travel and of sight-seeing. Such words will then, indeed, be words spoken in season. He must, still further, take cognizance of the sexual relations between husband and wife, relations which, when abused, are productive of much mischief. All excess in that direction he will discountenance. Unmastered importunity and too submissive an affection must be met by separate beds, by uncommunicating rooms, and if need be, by strong expostulation. Criminal abortion he must denounce, and that boldly, if he values the health and happiness of his fellow-creatures, and a clear conscience before God and man. The evils of incomplete coitions and of other detestable arts practiced to frustrate conception, he will paint in no neutral colors. Space forbids more than a brief allusion to these secret sins, which, like the plague of the frogs, creep into our "houses, and bedchambers, and beds." Suffice it to say that outraged Nature is resentful, and makes fierce reprisals whenever woman receives "the seed of another life" in any other way than that by which it tends to become fruitful. As West has pointed out (*Diseases of Women*, Lect. VI.), and as I have tried to show (*Philadelphia Medical Times*, February 1st, 1872, p. 16), no woman who deliberately thwarts the plain intention of the institution of marriage can long escape from the very worst forms of uterine disease. There is, moreover, a disastrous connection here between these sinful practices and immorality. Dishonor the body, the temple of the soul, and you dishonor the soul. The artifices and accoutrements borrowed from the brothel inevitably do damage, not only to good health but to good morals. Blunted pleasures lead to estrangement, to unfaithfulness, to divorce; the wife lapses, so to speak, into a mistress; and the marriage tie is degraded into a carnal contract which regards alone the necessities of the flesh. Much sad experience, alas! has proved irrefragably two axioms: that pregnancy is a necessary condition to healthful and happy marriages; and that there is no innocuous expedient whereby maternity can be shunned; no safe stratagem by which man can balk God's first blessing and first command.

The sympathy between the mammary glands and the uterus is so close as to have, in the treatment of post-partum hemorrhages, a positive therapeutic value. By condensing the womb and diverting the blood from it, lactation up to a certain point acts beneficially. But by exhausting the woman's strength and producing morbid impressions upon the womb, over-lactation becomes in itself a cause of uterine disease. It also very seriously compromises the health of the sucking child. Whenever, therefore, a nursing woman finds that the act of suckling is followed by a pain in the back, or by other symptoms of uterine irritation; whenever she suffers from dizziness, dimness of vision, sore mouth, shortness of breath, palpitations of the heart or night-sweats, she should be urged by her physician to wean her child. I use the word *urged* designedly, because lactation is often prolonged beyond all reason, simply as an antidote against conception.

Nothing so certainly undermines the uterine health as the wear and tear of nursing the sick. The unwholesome air of a sick chamber, the close confinement, the selfish exactions of the patient, the broken rest, all tend to enfeeble the system. Then the undue exertions made at arm's length, such as in lifting or in turning a helpless invalid, so violently strain the diaphragm and the abdominal muscles as to force down and permanently displace the womb. Forewarned by the physician, the nurse, be she kin or stranger, will daily take a stroll in the open air, and in some way make up for loss of sleep.

The proverbial constipation of the poorer class of women in our cities, and of those women who live in the country, is another cause, and an exceedingly common one, of uterine disease. Such defective sewerage of the body, by the resorbtion of foul gases and of effete matter, degrades the blood, starves nerve-centres, breeds dyspeptic ailments, and begets pelvic and portal congestions. In this chain of sequences there is no missing link. Uterine congestions are also produced mechanically by the irritation or the pressure from hardened fæces; uterine flexions and displacements brought about by the straining efforts to empty the bowels. Over-distention of the bladder, by drawing up the cervix and thrusting the fundus over backward, is, undoubtedly, a very important factor in the production of retroflexions and retroversions of the womb. Yet

what poor woman is there who is not thus daily exposing her womb to these displacements?

These irregularities of habit in our sallow-hued women are in a great measure owing to the discomfort, inconvenience and indecent exposure of their closet accommodations. Where is the privy that invites, rather than repels an operation of the bowels? When is it ever sheltered from the rude blasts of winter; or not poisoned by noisome stenches, acrid vapors, and unclean flies? Where is the privy that is not overlooked by the back buildings of all the neighboring houses, or not placed at such an embarrassing distance from the house as to be, in bad weather or in dark nights, absolutely inaccessible? Where, in the country, and for that matter, in cities also, is not to be found the privy made up of rough boards rudely spiked together, with cracks wide enough to destroy all privacy, with a door without a bolt, and generally hanging by one hinge, with a crescent-shaped hole for a window, and with its sole article of furniture a barrel of rasping corn-cobs? After such an unsightly but truthful picture, can we wonder that the calls of nature are looked upon as grievous dispensations of Providence, as hateful duties which are to be put off as long as possible, and obeyed as seldom as possible? To a delicate woman the exposure to the weather is a serious risk; to one who is menstruating it is a constant menace; while to the refined woman the exposure to view compels the postponement of her physical duties to night-fall, or until driven to them by a sheer necessity which knows no law.

Now, what is the remedy? Clearly such closets as civilized Christian beings, living in the nineteenth century, are not degraded by using; closets that are decent, comfortable and accessible. To educate the community up to the reception of this wholesome truth is the duty of the physician. He must tilt his lance against everything in the shape of a privy, and set a good example himself, by using, when water closets are not available, an earth closet in his own family. Such a closet, not larger than an old-fashioned arm-chair, can be moved about from room to room, or be put where it will be both private and accessible. Nor will its presence poison the surrounding air, for there is no better deodorizer of organic refuse than the dry earth contained in its hopper.

As a fit ending to this series of papers, justice to myself prompts me to remind the reader that, as the title indicates, I have thrown out mere hints, which he must develope; bare outlines, which he must fill up. The fullness of a great and important subject cannot be compressed within even the generous space allotted to me in this Journal. The most that I have attempted has been to "vulgarize" what has hitherto been monopolized by specialists. Nor have these papers pointed out all the sources of mischief to the female reproductive organs. Other unsuspected correlations undoubtedly exist, for life is complex, and woman "fearfully and wonderfully made." These every physician will search out for himself, and when discovered, wage an unending war against. To heal sickness is noble, to prevent sickness is nobler, for thereby is suffering most lessened, and thereby does our profession best show its disinterestedness.

A FATAL CASE OF GASTRORRHAGIA.

BY J. B. MATTISON, M.D.
Of Chester, N. J.

On the evening of November 29 I was summoned to see Mrs. H., widow, æt 52, and on arriving, was shown a vessel containing about a pint of dark clotted blood, which had been ejected in one act of emesis, fifteen minutes prior to my arrival.

I found her considerably excited, pulse accelerated, though of fair volume, and learned that she had felt in usual health during the day, save a sensation of fullness and discomfort in the epigastrium, which did not, however, give rise to any special alarm. She was directed at once to bed, strict quiet enjoined, and ice by the mouth *ad lib.*

Twelve hours after I was again hurriedly requested to visit her, and ascertained that another hemorrhage, somewhat in excess of the first, had taken place, the blood of the same dark clotted character, thrown off in a single act of vomiting, and that during the night two evacuations from the bowels, of a dark tar-like color, had occurred. She now showed, most unmistakably, the effect of this copious loss, having had several attacks of partial syncope, the face being completely blanched, and the pulse frequent and very feeble. The following was ordered:—

℞. Opii pulv,
Plumb. acet., āā gr. j. F. chart.
Sig. One powder every hour. Absolute

quiet in recumbent posture and ice as before.

At a subsequent visit, some hours later, I found she had rallied somewhat, the pulse being less frequent and stronger, and making no particular complaint except of great debility. The interval between the powders was now increased to four hours, and in addition gtt. xx tinc. ferri. chlor., alternately given, nourishment in the form of concentrated beef-tea being freely administered.

Under this treatment the case progressed, the patient meanwhile seeming to improve, until the evening of December 2, when another hemorrhage, to the extent of about six ounces, took place. Ergot ext. fld. gtt. x, added to each dose of the muriated tincture; other treatment continued.

Dec. 3. Patient comfortable, save feeling of great debility. Treatment continued. Cold to the epigastrium, beef tea freely, and brandy in addition.

Dec. 4. 5.30 A.M. Summoned in haste. Another hemorrhage eight ounces in amount, leaving the patient pulseless and in a state of prolonged syncope. Ordered enema of beef tea, brandy and milk. Rallied so as to notice her attendant, but subsequently became weaker, and failed gradually until, at 8.20 A.M., death closed the scene.

At a late hour, and with considerable difficulty, a partial *post-mortem* was obtained, the stomach and spleen only being examined. Four ounces of a dark colored fluid were found in the former, and three inches from its cardiac extremity was a space six inches in length by three and a half in breadth, intensely congested and studded with hemorrhagic erosions. Careful and repeated examinations failed to discover any evidence of gastric ulceration. The spleen was much increased in size, being, we should judge, as large again as normal.

Now what was the cause of the copious hemorrhage which ultimately drained this patient's life away? Up to the date of its first occurring she considered herself in usual health, and though under our care on several occasions, yet at no time did she present symptoms referable to any gastric or portal derangement.

Gastrorrhagia, as a rule, is dependent upon one of three causes, ulcerative perforation, carcinoma, or cirrhosis of the liver, the first being the most common. Generally speaking, symptoms sufficiently diagnostic are attendant upon each of these pathological conditions, yet occasionally they are remarkably latent, and nothing but an autopsy reveals the true cause of a fatal result. Dr. Murchison, in a clinical lecture reported in the London *Lancet*, for January 22, 1870, cites a fatal case of gastric ulcer under his observation, in which there had been no symptom connected with the stomach prior to the bleeding. Similar instances are related in Flint's *Practice*, and the records of clinical medicine elsewhere furnish many more.

In this case, while recognizing the impossibility of making a positive diagnosis, and having an indication to meet which, unless successfully fulfilled, imperilled the existence of our patient, viz., the hemorrhage, we adopted a plan of treatment accordingly, which was fully approved by a practitioner of large experience called in consultation, inclining meanwhile to the opinion, from its comparative frequency and other circumstances, that it was one of ulcerative action; but the negative evidence furnished after death proved this position untenable, and we now think, from the congested state of the gastric mucous membrane and the marked splenic enlargement, that the case was one of latent hepatic disorder.

In this connection the question arises, would not a different mode of treatment have yielded more favorable results? If the above view of the cause be correct, we think it would. Certainly if its nature were obstructive, as seems most probable from the *post-mortem* appearances, remedies calculated to unload the distended vessels would have held out more brilliant prospects of success.

It is under these circumstances, being well convinced that the relief of portal congestion is the main indication for treatment, while admitting some cases where, uncertain as to the exact nature of its cause, we are obliged to treat the hemorrhage as the chief symptom, that Statson recommends what he styles "hard purging." "Do not be afraid of purging your patients in such cases. If they are curable at all that is the way to cure them. I have pursued that plan with perfect success, even with patients whom the previous hemorrhage had blanched, and whose pulse was feeble and irregular. You may sustain them at the same time by a full allowance of nourishing broths."

In relating the foregoing history to a professional friend, he informed me of an instance in which he was called to a lady much reduced by profuse hæmatemesis, and for whom, considering the cause obstructively hepatic, he ordered frequently repeated doses of a saline cathartic, which were followed by copious alvine dejections and subsequent restoration to entire health.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS—CLINIC ON DISEASES OF WOMEN.

BY PROF. T. G. THOMAS.

November 21st, 1873.

Gentlemen:—Two weeks ago I promised to report to you the subsequent history of a case of ovariotomy in which the cyst ruptured into the abdominal cavity, and I now make good my promise. The patient died on the 10th day, not from peritonitis, not from septicæmia, but from prostration induced by constant vomiting. For a time the rectum served to retain nutrient enemata, but only for a time. The temperature was always below 101° Fahr., and usually from 98 to 99. Through the drainage tube which was introduced into the abdominal cavity there would come away masses of the colloid material which, as you may recollect, spread over all the abdominal viscera when the sac ruptured. This material would come out entirely independent of the injections.

Rectocele.

Mrs. M., æt. 65, widow, has eleven children, the youngest 26 years old; has been four years sick, but within the last year has been slightly improved. Thought she had the gravel, but her physician informed her it was inflammation of the bladder. Ever since that time has periods of violent tenesmus, but on strong pressure is not able to void one drop. For the past five weeks has had piles, but has one passage nearly every day. However, when she forces herself to bear down, is unable to get anything to pass.

Vaginal Examination.—On making an examination of the external parts a tumor is discovered pressing down on the labiæ, but when the finger is carried up it passes this obstruction and the uterus is found in position. When the finger is carried into the rectum it curves back and passes into this tumor; thus it is a rectocele. This accounts for the fact that when the patient tries hard to move her bowels she fails, the fæces passing into this tumor. Again, when straining to make her water, this presses down and obstructs. I do not think she has spasm of the bladder, for spasm of the bladder is a most excruciating malady, causing much more pain than the patient here complains of. When the urine is retained in the bladder, however, it undergoes decomposition.

Carbonate of ammonia is generated, which causes vesical catarrh, and my opinion is that the present cystitis is due to this rectocele, which presses down on the bladder and prevents it being completely evacuated.

Treatment.—The patient objects to an operation, she says that she is too old. The objection is valid at her time of life, for what is comparatively without risk in the young or those of full vigor is not so to the aged.

The next best thing to an operation would be an instrument shaped somewhat like a Cutter's pessary and arranged so as to press on the rectum. This would not give entire relief, but it might improve the bladder symptoms. If no benefit is derived then the operation must be reconsidered. It would be done, not by taking out a section of the rectum, but by removing a portion of the vagina posteriorly, bringing the edges together, and in this way brace up and contract the posterior wall, as is done to the anterior wall in cystocele.

Horse-Shoe Uterus.

L. B., æt. 25, married two years, sterile. Has been sick since she was 13 years old, with pains in side, back, and over the pubes. Has also the whites. When her courses come on complains of severe pain, particularly in her back and legs.

Vaginal Examination.—On making an examination with the finger the uterus is found perfectly movable, and at the side of it is a painful tumor, an ovary displaced and in a state of chronic inflammation.

This uterus is flexed doubly on itself. It is what Dr. Graily Hewitt has drawn special attention to as the Horse-Shoe Uterus.

A uterus may be flexed mainly in three ways. First, The diameter of the body may be changed from its normal position, whilst that of the cervix is normal. Second, The diameter of the cervix may, in like manner, be abnormal, whilst that of the body may be normal. Thirdly, Both diameters may be flexed, as we have in the present case. This is brought about by the anterior wall developing more rapidly than the posterior, and producing this state of things. There is another variety, but so rare that I hesitate in placing it before you. It is that form where the diameter of the cervix is turned one way whilst that of the body is in a different direction, giving it the appearance of the letter S. All flexions of the uterus may be reduced to these divisions. All are either reducible or irreducible. The reducible can be cured, but the irreducible can be benefited only by the knife. Irreducible are usually congenital, though sometimes they may be the result of disease.

The case before us is congenital. I think so from the fact that she has always been healthy, and because dysmenorrhœa appeared with menstruation.

Treatment.—This cannot be cured. Some think it can by means of a repositor which

passes into the uterus and rectifies the curves. I have found this to work more satisfactorily on the blackboard than at the bedside. But what is to be done for the patient before us?

If the cervix is divided posteriorly it will cause the os externum to approach the os internum, then by means of a pessary the uterus can be rectified in position and all obstruction removed. By this means the patient may become pregnant. What can be done for the diseased ovary? I know of no more hopeless disease. If the uterus discharged its functions properly the chances are we would have no symptoms connected with the ovary. We will see after the uterus is treated that possibly the ovary may improve. As far as operations are concerned, there is a good deal of prejudice against the knife, and I share it myself, for I believe there is a good deal of meddlesome surgery in gynæcology, but there are conditions, as we have here, in which it cannot be dispensed with.

Ovarian Tumor.

I have two cases of abdominal tumors which I wish to bring before you. When you have been in practice and made as many mistakes as every ovariotomist does in the first ten years of his experience, you will appreciate the interest that he attaches to the subject of abdominal tumors.

S. N., æt. 44, one child 24 years old. Fifteen years ago noticed a tumor developing in the abdomen, which has continued up to the present time. There are a number of cases on record where men have cut through five inches of solid fat and found that the fat comprised the tumor. If it was fat this could be lifted up between the hands, but as you see only a small portion of the abdominal walls can be grasped.

When I spoke at length on abdominal tumors, some weeks ago, I told you there were some rarer conditions that I would not mention. I did not want to confuse you, I merely gave you the most prominent. To-day I shall refer to some others, more rare.

Elephantiasis of the Abdominal Wall.—This, though rare, does occur, but if it did there would be structural change of the skin, which does not exist here.

Hæmatocele.—Sometimes hæmatocele is quite large, but with it there is its special history, and it would not exist for such a long time; and, moreover, this tumor is distinctly fluid. A hæmatocele would be solid.

Fibrous Tumor of uterus would be hard; œdema of abdominal walls would exist, with œdema elsewhere in the connective tissue.

Renal Cyst.—A renal cyst occurs high up from its attachment to the kidneys.

Cyst in Broad Ligament would be low down. This is too high for the one and too low for the other.

Ovarian Cyst.—This is very slow in its growth for an ovarian cyst. The longest duration I have known one to have was nine years, whereas this is fifteen. But I think, for all, it is one of that class. There is a difference of opinion in respect to the pathology of ovarian cysts, but the accepted view is that there are two distinct classes: monocysts and polycysts. A monocyst is a dropsy of one of the Graffian vesicles causing atrophy of the rest of the ovary. Polycysts, on the other hand, are a development of cysts in the stroma of the ovary. Polycysts contain a tenacious fluid resembling watery glue. Whereas monocysts have a clear albuminous fluid resembling water. From the slow growth and present size of this I think it is a monocyst.

[Dr. Thomas here took a hypodermic needle and penetrated the tumor; when it was withdrawn it proved that his diagnosis was correct, as the fluid was clear as water.] As the patient is doing so well there is no hurry for an operation. In case of an operation her chances are good. There would be no such prognosis if the tumor contained colloid or gelatinous matter.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.

DR. AUSTIN FLINT, PRESIDENT.

Transfusion, with Exhibition of Instrument for Direct Transfusing.

BY PROF. FORDYCE BARKER.

Dr. Barker said that he did not propose to read an exhaustive article on the subject of transfusion, but merely, at the request of the President, to occupy the attention of the fellows during the interim of election night.

The subject of transfusion has been long under consideration. It was known to the ancients. Ovid, in his works, describes two methods by which the old might be regenerated; one by injecting into the system blood, and the other by injecting the juices of herbs. Harvey, in the year 1666 or 1667, suggested it, and some years later it was done. Sir Christopher Wren also suggested it about the same time. Shortly after Lauer practiced it by injecting into one animal the blood taken from another. Douay, in France, also about the same time practiced it. From the success of Douay's experiments a large amount of enthusiasm was created, but from the many deaths that occurred, it was prohibited unless by express permission of the Faculty of Medicine, of Paris.

In 1685 it was again brought into vogue. Harwood bled an old horse to the last extremity, then injected into his veins blood from another horse. After the transfusion the horse that had been exsanguinated arose and began to feed. In 1819, Blundell, of London, performed numerous experiments. He devised instruments which I bought thirty years ago, but never have used them. His cases numbered six; for a time they improved, but eventually they died.

In 1859, Waller injected nine ounces into a patient, which resulted in complete recovery. This was by means of the indirect method. Martin, of Berlin, has published fifty-seven cases,

forty-five of which recovered. The cause of the exsanguination was post-partum hemorrhage. In 1864 Graily Hewitt and B. W. Richardson turned their attention to this matter, and in 1868 Braxton Hicks reported six cases. He suggested the addition of three grains of phosphate of soda to the pint of blood, to prevent coagulation. All of Hicks' cases died.

In New York, six cases have so far been reported, but none have proved successful; two of these occurred at Bellevue Hospital. In one, the cause of the anæmia was hemorrhage, coming on after the removal of a polypus of the uterus. In the other it was due to post-partum hemorrhage. The method pursued was to receive the blood into a basin, defibrinate it, then inject it into the veins of the patient. The records of the cases have been mislaid, but in one of them the pulse was 130 before transfusing, but afterwards it sank to 100, and became stronger, but in forty-eight or fifty hours the patient died. The autopsy showed signs of Bright's disease.

Dr. A. H. Smith has reported a case in gastritis, and Dr. T. G. Thomas one in ovariotomy, but both died.

Dr. Barker said that he proposed to show to the fellows of the Society an instrument which had been devised by Dr. Aveling, for direct transfusion. This instrument is a Davidson's syringe in miniature, but without the valve; the ball contains from one to two drachms. With this syringe there are two tubes with stop-cocks, to be inserted into the veins. The method of using it is to cut down on the veins of donor and receiver, insert the tubes, and after having filled the instrument with warm water, connect the tubes. The absence of valves on the instrument are compensated by the use of the fingers. One hand serves to compress the syringe, the fingers of the other, by compressing the tube on each side of the bulb as required, forms a perfect valve. By means of this instrument an exact amount of blood can be transfused, and that in a direct way, without suffering it to undergo those changes which take place when it is exposed outside the vessels.

Transfusion by Means of a New Instrument.

Prof. Jos. W. Howe, of the University Medical College, has brought into use a new instrument for this purpose. With this he has so far had one successful case of transfusion. Prof. Howe's instrument is a slight modification of Dieulafoy's Aspirator. The method of using it is, insert the needles of the instrument into the veins of donor and receiver, and by exhausting the instrument and pumping out, as in the ordinary way, transfer the living blood to the exsanguinated patient. He is at present experimenting at Charity Hospital upon different cases, and so far has obtained better results than as yet have been published in this country.

February 5th, 1874.

After the reading of the minutes the President nominated a committee to draw up appropriate resolutions respecting the death of Dr. Sewell, late member of the Academy.

Relation of the Skin to Pregnancy.

Dr. L. D. Bulkely read a lengthy paper on this subject, and pointed out, first, that lesions of the skin were not always local in their character, and that so-called local lesions were affected by conditions affecting the general system. He instanced the fact that ingesta frequently aggravated acne, and the effect of articles of diet in causing urticaria were well known. Disorders of menstruation also are found frequently to result in discoloration beneath the eyes, from deposit of pigment in the rete malpighi. Pregnancy also may cause eczema, psoriasis, herpes, acne, pemphigus, and particularly cloasma. Usually after delivery there results an improvement, if not a cure, but not always.

The main object of the paper, however, was to describe a skin disease occurring in a pregnant woman, of which there are only eight on record. It has been described as *pemphigus pruriginosus, herpes circinatus bullosus*, and *pemphigus gestationis*. Dr. B. proposed to adopt this latter term, as most descriptive of the disease. This began first as a papular then as a vesicular affection, and extended on through the whole of the pregnancy. Some time after delivery the disease left the patient, though it was slightly relieved during the last three months of utero-gestation. The cases previously recorded showed no benefit derived from treatment through the whole of the course, but Dr. Bulkely found that a solution containing tar and potassa, together with appropriate diet, proved of service through the last third of the pregnancy.

NEW YORK COUNTY MEDICAL SOCIETY.

DR. ELLSWORTH ELLIOTT, PRESIDENT.

(Adjourned Anniversary and Stated Meeting, November 24th, 1873.)

Dr. Ellsworth Elliott, the retiring President, and President elect, thanked the Society for the honor which had been again conferred upon him, in re-electing him to the honorable position of President. After reading the reports of the former meeting, the President called on Dr. Herman Knapp for his paper on

Ophthalmoscopic Optometry and Demonstration of a New Ophthalmoscope.

Dr. Knapp read an able paper on optometry, and presented a new ophthalmoscope for that purpose. The paper embraced the subject of measuring the interior of the orbit, and detecting the presence and depth of cavities, also the size of tumors. By this means they can readily be recognized, whether or not they are increasing in size. He reviewed the different ophthalmoscopes that have been produced. He referred in complimentary terms to Loring's ophthalmoscope, which consists of an ordinary mirror with a disc of lenses of different powers, revolving so that any of the powers may be brought into use by turning the disc.

His own consisted of two discs, one above and the other below the perforation of the mirror, so arranged, that by turning the discs a lens in either disc may be superimposed one on the other.

Dr. Noyes said that as Dr. Loring was present, and not a member of the Society, he would ask permission for him to be allowed to make a few remarks. This was granted.

Dr. Loring said that, for practical purposes, Liebreich's ophthalmoscope answered very well. But he objected to an instrument that would produce troublesome fractions, requiring either a set of tables or a mathematical calculation, to solve. He had modified his original instrument and presented the modification to the Society. The modification consisted in having, instead of one circle of lenses in the disc, several concentric circles, so arranged that elevating or lowering the disc any of them might be brought over the aperture in the mirror.

Dr. St. John Roosa, presented a modification of Loring's ophthalmoscope, presented at the last meeting of the International Ophthalmological Society, in London. Dr. Loring had been nearly entirely overlooked by the member who presented it, and the impression conveyed was that that gentleman was entitled to nearly all the credit, whereas it was nearly a perfect copy of Loring's instrument. Dr. Roosa obtained one in London, and exhibited it to the Society.

Dr. Noyes followed in some remarks on astigmatism and the difficulty sometimes found in detecting it when patients present themselves for glasses to correct vision.

January 26th, 1874.

Dr. Willard Parker, J. Marion Sims, G. M. Smith, John T. Metcalfe and H. B. Sands, were appointed a committee to solicit subscriptions for a monument in Memphis, to the members of the medical profession who died during the prevalence of yellow fever in that city.

Dr. A. B. Judson read the annual report of the committee on diseases.

During the year ending December 31st, 1873, there were 29,054 deaths. During 1872, 32,647, and the average of the preceding five years 27,-370.8.

Effects of Drainage on the Public Health.

Dr. Moreau Morris, ex-Sanitary Superintendent of the Health Department, New York, and chairman of the Committee on Hygiene, presented the report of the committee appointed to reply to questions propounded by the State Medical Society's committee, as to the effects of drainage on the public health.

The report referred to a sewer built in Ninety-fifth street, which demonstrated the folly of building a sewer on marshy ground without first draining the marsh itself. Unscientific and ignorant contractors thought that to fill up a swamp or flat was sufficient to prevent it from breathing forth its death-dealing miasmatic sporules. True, it for a time stopped the malaria from innovating itself into the atmosphere; but long pent up, it gathered strength, and when it did make its appearance, it came in a violent and virulent form. In specifying certain places, Dr. Morris' report stated that that part of the city west of Fifth avenue, from Twenty-third to Fifty-ninth street, was a meadow which had not been sub-drained. The district east of Second avenue, from Houston street to Twenty-third street, together with parts of the Fourth Sixth and Seventh wards, were in a similar condition. The following table, from the mortuary record, will convey an idea of the fatal results of this lack of proper drainage:—

	1871.	1872.	1873.
Remittent Fever,	165	193	164
Intermittent Fever,	110	111	86
Typhoid Fever,	12	22	19
Congestive Chills,	1	12	8

The report concluded with a description of how the work could be done, the difficulties to be met with in different localities in the city, the price of the improvement, and an estimate of the time it would take.

Dr. A. N. Bell, of Brooklyn, chairman of the Committee of the State Medical Society, expressed his gratification with Dr. Morris' paper. The committee had received twenty-four responses from county medical societies, and three or four reports have been made, while more are expected soon. Dr. Bell then went on to speak of drainage in Brooklyn, and in King's County, the condition of which, he said, was much worse than that of New York. In that county are over one hundred thousand acres of deficiently drained land, and careful investigation shows that one-fifth of the total mortality in the city of Brooklyn is due to defective drainage.

Editorial Department.

Periscope.

The "Spirillæ" of Relapsing Fever.

This is the name given by the late lamented Dr. Obermeier to a peculiar body in the blood of patients affected with recurrent or relapsing fever. Dr. Ewald says, in a letter to the *Irish Hospital Gazette*, of Feb. 2:—

In the klinik of Professor Frerich's I have had the opportunity of assisting at some observations made by Dr. Engel on the recurrent fever "*Spirillen*," as Obermeier

finally named these organisms, which not only fully substantiated Dr. Obermeier's results, but also brought to light many new facts. Among others, that the *spirillen* in the serum of the blood of a person suffering from recurrent fever can be preserved an entire day, and their peculiar movements observed, when the blood has been removed during the feverish period of the attack. But that at the cessation of the attack—with one exception—even in the blood freshly taken from the patient, they were no longer to be found.

By the injection of such blood-serum containing lively *spirillen* into the veins of a dog, we could not excite any recurrent, or, indeed, any fever at all. We found, however, in glycerine, and in weak solutions of corrosive sublimate, a means by which the movements of these forms are prevented.

The dying out of the epidemic in June, 1873, towards the end of which month the typhoid character of the disease showed itself, and the fact that in numerous cases either no relapse at all, or only rudimentary second or third attacks followed the primary one, made it impossible for us to come to a satisfactory conclusion as to the therapeutic value of the substances employed.

The best method of looking for the *spirillen* in the blood is by acupuncture of the patient's finger, allowing a drop to flow out, to catch the next on the object-glass, and examine immediately with a power of about three to five hundred diameters. One can then see the objects in question, as remarkably fine, smooth, wavy threads, situated in the interspaces between the masses of blood corpuscles, when the drop of blood that was taken is not too large.

The pathological anatomy of relapsing fever has been further enriched concerning another important point. Dr. Ponfick, in addition to the infarctions of the spleen which he mentioned, has found similar infarctions in the medulla of the long bones, which here and there are distinctly wedge-shaped, and which must be referred to circumscribed vascular territories, which present here and there, and softened centres. Probably these foci are of embolic origin. If we compare the remarkable behavior of the *spirillen*, described by Engel and myself, which consists in their rolling together upon ceasing to move, in bundles of from ten to twenty threads, which are large enough to plug the calibre of a small capillary vessel, the idea is suggested that the "*Pfropfe*" of the above embolism might consist of such an aggregation of *spirillen*. A certain proof of this has not yet, however, been supplied.

Use of Turpentine in Pyæmia.

An instructive case is reported in the *Lancet*, from St. Leonard's Hospital, London, under the care of Dr. J. S. HOLDEN:—

The patient was a workman on the Great Eastern Railway, who sustained a severe laceration with fracture of two metacarpal bones, from the passage of a truck-wheel over his hand. A few days after the necessary operation, in which an effort was made to save some of the fingers, gangrene set in, and a secondary operation was performed above the wrist. This was shortly followed by rigors, profuse sweats, sleeplessness, low delirium, subsultus, and stupor, the wound becoming sloughy and offensive. In spite of free stimulation the man was evidently rapidly sinking under the fatal disease, pyæmia. As a *dernier ressort*, half-drachm doses of turpentine were administered in egg emulsion every four hours. After the third dose it was discontinued, as a remarkable improvement had taken place: the pulse and the temperature had fallen, the consciousness had returned, and the patient took liberally of brandy and beef-tea. The favorable change was, however, of brief duration, as the day following all the asthenic symptoms reappeared, and the patient relapsed into a comatose condition. The turpentine was again had recourse to in the same doses, and with the same happy effect; but this time the improvement was permanent. All other dangers passed by, and the patient made an excellent recovery.

During the height of the attack the sound arm became much swollen and suspicious looking of purulent mischief. This subsided from the commencement of the turpentine treatment. No abscess formed. Under carbolic-oil dressings the wound granulated rapidly, and the man was soon able to be out.

That the antiseptic and stimulating effect of the turpentine was the means of rescuing this patient from a fatal disease seemed so apparent that it is worthy of a more extensive trial in hospitals where pyæmia so often adds to the mortality after operation.

The Treatment of Syphilis.

Prof. ZEISSL, of Vienna, gives his views in the *Wiener Med. Wochenschrift*. Various cases convinced him that expectant treatment was not suitable for the treatment of syphilides in hospital practice. He resolved to try iodine, and as the iodide was very dear he substituted the tincture of iodine, prescribing half a drachm to six ounces of water, and giving a tablespoonful night and morning. Most affections of the skin and mucous membranes, and changes in other textures consequent on syphilis, yielded to this treatment in from fourteen to forty-eight or fifty days. The pustular form offered most resistance, requiring mild doses of Zittmann's decoction. In severe iritis also mercurial frictions were employed in combination with the use of atropine.

From the various trials made, the conclusions arrived at were that preparations of iodine, under a suitable regimen, will disperse the early manifestations of syphilis, or so abate these that a small number of mercurial frictions complete the cure, which, not being followed by relapse, must be regarded as definitive. An early mercurial treatment will remove the initial symptoms

more rapidly than iodine, but the consecutive symptoms quickly yield to iodine. Affections of the mucous membrane of the mouth and pharynx yield much more rapidly to iodine than to mercury, requiring at most sometimes slight cauterization. Syphilis is always found more obstinate in yielding in pregnant women, especially when it is contracted at the time of impregnation; and the consecutive symptoms are usually only completely cured after the uterus has discharged its contents. The iodine has therefore always to be continued after delivery, and in some cases has to be supplemented by a few frictions. It is remarkable that the iodine-acne and coryza are of infinitely less frequent occurrence under the use of the tincture of iodine than under that of iodide of potassium.

Iodoform is of great utility as a local application in torpid syphilitic ulcers (especially in indolent bubo), hastening the cicatrization of these when this had not been accomplished or was too long delayed under the use of nitrate of silver. Given internally (in doses of two or three grains daily, made into pills, with extract of gentian or quassia), the iodoform is also very useful in syphilitic neuralgia.

New Suggestion for Plugging the Nostrils.

Dr. H. C. Rose says, in a recent number of the *British Medical Journal*:—

Having lately had a severe case of epistaxis, which was obliged to be restrained by the old-fashioned plug of lint drawn into the posterior nares by means of a string passed through the nostrils, my attention has been directed to the subject. It occurred to me that if an elastic India-rubber bag could be introduced into the nose, and then either inflated with air or filled with iced water, all hemorrhage must inevitably be stopped.

I proceeded, therefore, to make an instrument in the following manner. I cut a No. 4 gum-elastic catheter into two equal lengths. At the end of one portion I made small holes by transfixing it with a needle heated to redness in a spirit lamp. These holes extended, at intervals of a quarter of an inch, for the length of about two and a half inches. Over this punctured portion I tied firmly in two places, first at the tip, and then again about three and a half inches nearer the handle, a soft India-rubber bag, so as to include between the two tied portions all the perforated part of the catheter. To the open end of this catheter I fixed a short piece of India-rubber tubing furnished with a small stopcock.

Mode of Using.—All the air having been let out of the bag by opening the stopcock and gently compressing the India rubber, somewhat after the manner of fastening an umbrella, the instrument is passed into the bleeding nostril. When it is coaxed so far that the end projects into the posterior nares, or as far as it can be, the nose of a small ball-syringe is applied to the mouth of the stopcock, and the bag is gently inflated while the air is being propelled into it with the right hand. The short piece of India-rubber tubing attached to the stopcock is compressed with the thumb and finger of the left hand at the right moment to prevent the air from passing out again; and then with the right hand the stopcock is turned. By this means the inflated bag is made to fill all the inequalities of the nasal cavity, and a painless and perfect plug results. Should it be deemed advisable, iced water may be used instead of air. It may be found in practice necessary to have a thicker tissue for the bag, or even to use two, one over the other, to prevent bursting with the pressure employed, which, however, need not be great. Should it be found necessary to make the instrument stiffer while it is being passed through the nostril, the ordinary wire stilette may be introduced through the open stopcock. Each instrument should be accompanied by several supernumerary bags; and, before using the instrument, it should be dipped into warm water, to increase the elasticity of the India rubber.

On Venesection in Eclampsia.

From a paper by Dr. John Boyd, before the Obstetrical Society of Edinburgh, published in the *Edinburgh Medical Journal*, January, 1874, we extract as follows:—

If a marked and permanent improvement in the condition of the sufferer is observed to commence from the moment that the operation of venesection was completed, what other *raison d'etre* could be adduced in behalf of the adoption of any therapeutic means, drug, or implement? I may express myself thus forcibly in behalf of a remedy which, in a vast number of the maladies with which we have to cope, is the primary element of rational and successful practice, a remedy which, in these latter days, has fallen too much into desuetude for the benefit of our patients, the primary object of our art. And this remark applies more especially to the rising generation of medical practitioners, who seem afflicted with a wide-spread hæmophobia, leading in acute cases to an expectant or rather aqua-lacteal mode of treatment, the results of which redound very little to their credit, or to that of the medical art as exercised by them.

The removal of the hair is indispensably necessary in every circumstance of severe affection of the cerebrum, not only permitting the effective use of cold applications, but seeming to shut off a demand for capillary circulation in the scalp, which must tend to moderate the head congestion.

The same indication was fulfilled by the purgative powder and enema. The latter, in most cases, can be readily applied, but with the former there is, very generally, much difficulty in its introduction. The subsequent benefit, however, renders it well worth persevering and varied efforts on the part of the medical attendant to secure the object in view.

Dr. Simpson observed that the point the

author seemed to lay most stress on was the advisability of blood-letting in eclampsia. He (Dr. S.) believed that it was valuable only in such cases where there was evidence of a large amount of blood being in the system, and where labor was near an end. The amount of blood-pressure in the cerebral vessels was thus temporarily reduced, but the blood withdrawn was soon replaced by a more watery fluid, which would bring back the pressure symptoms, unless the whole labor was speedily terminated. He thought Dr. Boyd had done what was best for his patient, who was evidently a plethoric young woman, with a full strong pulse.

Dr. Pattison remarked that in his younger days he had seen and bled in many such cases. Now he would depend more on chloroform than any other agent, and would only bleed if the patient was young, strong and muscular.

Hygienic Rules for Persons Liable to Heart Disease.

Dr. Péter, of the Hospital St. Antoine, Paris, gives some excellent advice to persons suffering from or threatened with heart disease. As these complaints are sadly and increasingly frequent in this country we transfer his remarks, as given in the London *Medical Record*, to our columns. He says:—

Avoid everything which can stimulate the heart to excess, either physically or mentally; follow a good dietetic regimen, tonic and reparative, without being exciting; avoid anæmia; keep up the strength of the heart and of the great vessels. Children should be ordered to take moderate exercise and use cold water to the skin; later on, the choice of a profession should be made which would neither entail too sedentary, nor too active and exciting a life.

To the young man, M. Péter recommends marriage; but to young women, on the contrary, marriage is dangerous, and pregnancy a peril to be dreaded.

The excesses of the table are always troublesome, particularly in the case of aortic lesions. The food should not be of too exciting a nature; but when the patient has reached the congestive stage, or even more, the dropsical, a kind of dry diet becomes necessary, so as not to augment by the immoderate ingestion of liquids the mass of blood to be moved, and to comfort the heart and vessels. Therefore, no soups or broths should be given, but rather very underdone or even raw meat, seasoned with pickles. If there be anorexia, eggs in all forms, fish, Bourdeaux mixed with a little ferruginous water, and a small quantity of coffee without milk, at the end of the meal, should form the diet. It is necessary that the invalid should have free action of the bowels every day; he must avoid alcoholic excesses, and it is also necessary to prohibit smoking, especially in the form of cigarettes. The patient ought even to avoid frequenting places where there is too much smoke. Coffee taken in large quantities, as well as tea, must also be prohibited. Venereal excesses are to be avoided. The sudden change of temperature occasioned by taking too warm baths, frequenting ball-rooms and theatres, is particularly to be dreaded by sufferers from cardiac disorders.

It is better to live in a valley, where the atmosphere is not humid, and which is sheltered from high winds, than on a mountain, in consequence of the greater pressure, and the more considerable density of the air.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We understand that Dr. Winborn Lawton, of Charleston, S. C., is engaged upon a "*Medical Geography of the United States of America*," a work much needed.

——"*The Journal of Health*" is the title of a new periodical edited by Dr. J. W. Blackburn, St. Joseph, Mo. Its *raison d'etre*, so far as we can see, is to bring into notice the Eye and Ear Infirmary of that city.

——The following work may be interesting to psychologists: "*Sermons for the Insane.* Being a volume of twenty-six original discourses by distinguished Church dignitaries and clergymen. Each address is short. A *controversial* tone has been studiously avoided, and no *sectarian* doctrines have found a place in either of the Discourses. Edited by W. Hyslop, Esq., Proprietor of the Private Lunatic Asylum for Gentlemen."

——A series of small pamphlets have been issued by the Health-Lift Company, of New York. They bear such titles as "The Stomach; its Function and Hygiene;" "Back-ache; its Causes and Cure;" "Cumulative Exercise; its Theory and Practice;" "The Health-Lift Reduced to a Science," etc. Of all these, and the plan of physical exercise they advocate, we have no unfriendly opinion, but any one who examines the tracts mentioned and tries the Lift, without prejudice, will find its claims overstated. It is but one of many excellent methods of physical culture, and can lay no just claim to superiority over the judicious use of the other fixtures of a well ordered gymnasium.

——The receipt of the following monographs is acknowledged:—

"Relations of Colorado to Pulmonary Con-

sumption." By Thomas E. Massey, A.M., M.D.

"The Powers and Undeveloped Resources of the Philadelphia County Medical Society." By Dr. William L. Knight, late President. Published by the Society.

"Pruritus Hiemalis, an Undescribed Form of Pruritus." By Louis A. Duhring, M.D.

"An Essay on Catarrh and its Relation to Throat and Lung Diseases." By Walter M. Fleming, M.D., of New York City.

"Galvano-Therapeutics; a revised reprint of a Report made to the Illinois State Medical Society." By David Prince, M.D., of Jacksonville, Ill.

"The Larynx the Source of Vowel Sounds." By Thomas Brian Gunning, of New York.

"Formulas for Elixirs" adopted by the American Pharmaceutical Association, and recommended to be used by physicians and phamaceutists.

"The Physiology of Sleep." By E. P. Hurd, M.D., of Newburyport. This is an able summary of the most modern explanations of the phenomenon it deals with, and is evidently the work of a philosophical thinker.

——The following catalogues, etc., have come to hand:—

"Seventh Annual Report of the Home for Incurables." Fordham, New York.

"Eleventh Annual Announcement of the New York Medical College and Hospital for Women."

"Forty-first Annual Report of the Pennsylvania Institution for the Blind."

"Statement in the Trustees of the Pennsylvania State Lunatic Hospital."

"A Plea for the Insane of the Prisons and Poor Houses of Pennsylvania."

BOOK NOTICES.

An Introduction to Physical Measurement, with Appendices on Absolute Electrical Measurement, etc. By Dr. F. Kohlrausch, Professor at Darmstadt, etc. Translated from the Second German Edition, By Thomas Hutchinson Waller, B.A., B.Sc., and Henry Richardson Proctor, F.C.S. New York, D. Appleton & Co., 1874. 1 vol. cloth, 8vo, pp. 249.

The advance in accurate knowledge is to be estimated by the success achieved in reducing the expressions of physical phenomena to mathematical formulæ. The next higher step is to translate the formulæ thus obtained into terms of another class of measurements, thus demonstrating the unity of the infinitely varied phenomenal world. The work before us is occupied with the former of these problems, and the only regret we have experienced in examining it is that the translators and author have omitted any satisfactory statement of the second. It treats of the methods of determining the quantity and moduli of density, heat, elasticity, light, electricity, magnetism, and galvanism. What we should like to see added would be, for example, a chapter on the methods of expressing any one of these forms of motion in terms of the others. The methods given are very carefully selected, and the least errors are carefully noted. The greatest interest just now attaches to the determination of the electrical unit, a matter ably discussed in the appendix. A large number of valuable tables are included in the work.

Transactions of the Twenty-third Anniversary Meeting of the Illinois State Medical Society, held at Bloomington, May 20th and 21st, 1873. Chicago, 1873. pp. 268.

Transactions of the South Carolina Medical Association. Annual Session, 1873. Charleston, 1873. pp. 94.

The Illinois *Transactions* contain a number of reports from different physicians in the State, among which we may single out as more notable the Report on the Treatment of Fractures in Illinois, by Dr. J. B. Hamilton, compiled with a great deal of care and illustrated with views of the dressing for fracture of the clavicle devised by Dr. E. M. Moore; on Intra-ocular Tumors, by Dr. E. M. Holmes; on the Treatment of Amaurosis with Strychnia, by Dr. F. C. Hotz; an Address on the Progress of Civilization, by Dr. Geo. T. Allen; a very carefully prepared Report on Galvano-Therapeutics, by Dr. David Prince, of Jacksonville, about fifty pages in length; on the Hygienic Management of Children, by Dr. N. S. Davis, and others.

The volume from South Carolina, though much smaller in size, has excellent stuff in it. There are eight papers added to the Proceedings, in the form of an Appendix.

The first is the address by the President, Dr. JOHN T. DARBY, on the Progress of Medicine in the last Half Century. Next, Prof. C. U. SHEPARD, Jr., shows the Poisonous action of Sulphurous Acid, as contained in fumes from super-phosphate factories on vegetation. Cerebro-spinal Meningitis is described by Dr. JAMES MCINTOSH and Dr. J. C. MAXWELL, the latter of whom details the symptoms of an attack experienced in his own person. Dr. A. P. WYLIE has a very good article on hypodermic medication; and Professor FRANCIS L. PARKER recites a number of instances of the subcutaneous employment of strychnia in amaurosis and amblyopia. The last paper is on cotton as a dressing for wounds, by Dr. JOHN L. ANCRUM, which is certainly not so novel as the writer seems to think, as Stillé tells us that it was used for this purpose in the very earliest ages of history.

On Diseases of the Chest: Being Contributions to their Clinical History, Pathology and Treatment. By A. T. H. WATERS, M.D. Lecturer at the Royal Infirmary School of Medicine, Liverpool, etc. Second Edition. Revised and Enlarged. Philadelphia, Lindsay & Blakiston, 1874. 1 vol. cloth, 8vo, pp. 431. Price $5.00.

This volume will be found a very interesting contribution to our knowledge of thoracic diseases. It embraces diseases of the lungs and heart. Of the former it is especially full on pneumonia and emphysema; of the latter, on thoracic aneurism and chronic valvular disease. The author states his chief aim to be to "illustrate the application of therapeutics to thoracic affections by details of cases," and he does this in a most instructive manner. In pneumonia, while generally friendly to the use of stimulants, he by no means invariably uses them. The last two chapters of the book, "On the Use of Hydrate of Chloral in certain Diseases of the Chest," and "On the Use of Alcoholic Stimulants," are masterly contributions to therapeutics. The pathology of the diseases in question is carefully reviewed, and new and striking views on some of the topics advanced. A number of illustrations, taken from actual specimens, add much to the interest of this part of the work. Sixteen figures are given to bear out the author's theories. In every respect the book will repay careful study.

The Nature of Gunshot Wounds of the Abdomen, and their Treatment; based on a review of the case of the late James Fisk, Jr., in its Medico-Legal aspects. By EUGENE PEUGNET, M.D.. etc. New York, William Wood & Co., 1874. 1 vol. cloth, 8vo, pp. 96.

The displeasing exhibition of professional jealousy and surgical shortcomings in the case of James Fisk, Jr., was commented upon by this and other medical journals, at the time, in terms of profound regret. It was, therefore, an excellent idea on the part of Dr. PEUGNET to give the whole case a thorough and impartial review, after the bitter personal feelings of the moment had subsided. His conclusion is that Fisk died from the rash and excessive administration of morphine; that the wound he received was not necessarily fatal; yet that in law Stokes was guilty of murder in the first degree. These points we think he establishes beyond much reasonable doubt; at least, they are highly probable.

Less interest attaches to the particular case commented on than to the general necessity of an improvement in coroner's inquest and expert testimony, brought out in strong light by the author. These recommendations should not go unheeded, and it is to be hoped that both in New York and other States active efforts to bring about such changes will be made early.

Second Biennial Report of the State Board of Health of California, for the years 1871, 1872 and 1873. Sacramento, 1873. pp. 235.

In spite of a certain amount of padding, a fault we had to find with the previous Report of this Board also, every one interested in State medicine will find very much in this volume to commend it to his attention. The descriptions of the health resorts of the State are full and somewhat accurate, though colored by a visible *amor loci*. The Report on intoxicating liquors, by Dr. HENRY GIBBONS, Sr., recommends "the principle of prohibition as the only effectual basis of jurisprudence," diverging here widely from the views expressed by the Massachusetts Board of Health. Security in mines, the dysentery endemic in San Joaquin Valley, the medical geography of the Los Angeles country, and the filthiness of the Chinese, are local topics which are treated with care.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEB. 28, 1874.

D. G. BRINTON, M.D., Editor.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editor disclaim all responsibility for statements made over the names of correspondents.

NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

THE REPORT OF THE SURGEON GENERAL.

The Annual Report of the Surgeon General, U. S. A., has been on our table some time, and perhaps we ought to excuse our delay in not noticing its contents ere this. The large number of physicians who passed one or several years in military service during the civil war still find a pleasure in looking over the returns of sick and wounded, and the other statistics which these annual Reports contain.

The total number of deaths reported was, for the white troops, 17 per 1000, and for the colored troops 21 per 1000 of mean strength. The mortality of the latter was not only greater in proportion to number, but also in proportion to the sickness reported, the average number of white soldiers constantly on sick report being 49 per 1000 of mean strength, while of the colored it was but 48 per 1000.

The work performed in the Record and Pension division was enormous. The inquiries in this department refer chiefly to the cause of death or discharge of dead or disabled soldiers, with a view to obtain pensions for themselves or their heirs.

Search was made and replies furnished to the proper authorities in nineteen thousand eight hundred and seventy-five of these cases, viz: thirteen thousand four hundred and twenty-two to the Commissioner of Pensions, six thousand and five to the Adjutant General of the Army, and four hundred and forty-eight to miscellaneous applicants, leaving one thousand five hundred and fifty-three unsearched cases on hand on the 30th of June, 1873.

The Army Medical Museum continues to increase in size and importance. Nearly a thousand new specimens were added to its various sections, and during the year 22,560 visitors registered their names.

Of the first part of the *Medical and Surgical History of the War*, 1870 copies were issued by the office. The demand for the

work has been very great, and the number of copies placed at the disposal of the office proved insufficient to supply those who, as ex-medical officers, having rendered satisfactory service through the war, may be considered as properly entitled to it. The second part of the work is now going through the press as rapidly as possible.

The interest felt by the medical profession of the country in the attempt to establish a National Medical Library worthy of the name, in connection with the Army Medical Museum, has steadily increased, as shown by letters received and by numerous presentations of books and pamphlets during the year. The Library now contains about 25,000 volumes and 15,000 pamphlets, and although still very incomplete when compared with similar national collections in Europe, is at present the largest in this country. A new catalogue is now being printed, which will, it is believed, be a valuable contribution to medical bibliography.

In closing the Surgeon General repeats his warnings, already given in previous reports, that very serious and increasing injury has resulted to the service from the continual prohibition of appointments and promotions in the Medical Corps. The inducements of pay and rank, as at present established, are not sufficient to make the service attractive or remunerative to physicians already engaged in practice, and talented young men are loth to enter a career which holds out so few opportunities of distinguishing themselves, or even receiving a fair recompense for their labor.

THE SIAMESE TWINS.

In the REPORTER for February 7th we mentioned the death of the Siamese Twins, and the observations of Dr. HOLLINGSWORTH, who had been their attendant physician. In the previous number (January 31st) we had stated that Dr. PANCOAST, of this city, requested the Mayor of Philadelphia to telegraph the Mayor of Greensboro, asking for an examination of the bodies. No satisfactory reply being obtained it was decided by a small party of physicians to request Drs. W. H. PANCOAST and HARRISON ALLEN to visit the residence of the twins, and if possible obtain their bodies.

This excellent suggestion was promptly carried out. The parties, as was expected, met with opposition from the family of the twins, but succeeded in obtaining the consent of the wives and children to bring the bodies to this city. A less expected opposition was here attempted by some presumably slighted members of the medical profession, who at once accused the physicians mentioned of an "itch for notoriety," and loudly and soundly abused them in the columns of a medical journal published in Philadelphia.

The examination of the bodies was conducted at the College of Physicians, February 18th, by Drs. PANCOAST and ALLEN. They were pronounced to belong to that species of monstrosities technically called *Omphelopagus Xiphodidymus*.

The band which united them was four inches long and eight inches in circumference. Processes of the peritoneum ran up to the median line of this band, but there was a complete separation of the peritoneal cavities at this line. The hypogastric arteries under the anterior walls of the abdomen distributed branches from each body into the band. The ensiform appendices of the sternum were united in the median line by a continuity of cartilaginous structure, but not by any true articulation. A vascular connection between the two bodies was demonstrated by injecting colored plaster into the portal circulation of Chang, which appeared in the portal circulation of Eng. The track of this injection passed beneath the peritoneal prolongation of Chang, and above that of Eng; and although little parenchymatous structure was present, no reasonable doubt existed but that the communication between the two circulatory

systems was quite free. Doubtless the peritoneal pouches referred to contained, when in the fetal condition, true liver tissue, which, in process of growth, diminished and retracted, so as to leave the pouches empty.

The physical condition of the twins was contrasted. Eng was well nourished, while Chang was emaciated. It was the opinion of Dr. Allen that Chang died of cerebral clot, and Eng probably of fright.

The band itself was composed of interlacing muscular and aponeurotic fibres passing across the median line and inserted into the ensiform cartilage of the opposite twin.

Such is a brief description of the nature of the connecting band of the twins. It shows that while a separation in life would not have been necessarily fatal, it would have been extremely perilous, and they did wisely in refusing to submit to it.

Doubtless a full and accurate anatomical description will be published by the gentlemen commissioned to pursue the investigation. This we shall duly notice at its appearance and give our readers the most noteworthy results. As for the coarse and faulty woodcuts given in the daily papers, and even in a medical contemporary, they are not worth reproducing in these columns.

Notes and Comments.

Therapeutical Notes.

ICE-WATER INJECTIONS IN DYSENTERY.

Dr. Bodo Wenzel relates, in the Berlin *Klinische Wochenschrift*, that for two years he has been surgeon on an emigrant ship from Hamburg to New Orleans and New York. In this time numerous cases of acute dysentery, often very severe, have presented themselves. After the usual experience with the usual remedies, he has discarded them all, and now employs no other medication than *enemata of ice-water*, every two hours. These control the worst cases of tenesmus and hemorrhage in the most surprising and gratifying manner, and since he has tried this plan he has *never failed* of success. Occasionally he adds small doses of opium, but generally gives no internal medication whatever.

TREATMENT OF INTUSSUSCEPTION.

Dr. Libur, in the *Gazetta Medica Italiana*, No. 28, 1873, describes as a *new* plan of treatment in intussusception, the injection first of bicarbonate of soda, and then of tartaric acid. This method was described in the Medical and Surgical Reporter long ago. See Vol. xxiii, p. 539, 1870.

VALERIANIC ETHER IN NECROSIS.

A valerianic ether is recommended by Dr. Wade, in the *British Medical Journal*, as valuable in neuralgic and neurotic affections. It is more palatable than other forms of valerian, and not liable to produce nausea.

BROMIDE OF CALCIUM IN SYPHILITIC NEURALGIA.

This remedy has been lately strongly recommended by Dr. Hammond, of New York (*American Journal of Syphilography*, p. 307), in the above disorder. He has found it succeed in removing the pain when iodide of potassium and mercury have completely failed. The dose used was from fifteen to twenty grains three times a day; and he generally orders an ounce to be dissolved in four ounces of water, and a teaspoonful to be taken in the morning and at midday, and two teaspoonfuls at night. In three cases a cure resulted in from seven to twenty days, while the general health improved concurrently, and in no case did the pain return. As we recently stated these results have not been obtained by others.

TREATMENT OF HEADACHE.

Dr. C. C. Vanderbeek says, in the *New Jersey Medical Society Transactions*, that he has had great success in treating headache with the following:—

℞ Fld. ext. ergotæ,
Fld. ext. valerian, āā.

Sig. Thirty drops every half hour until relieved.

Two or three doses are usually sufficient.

GONORRHŒA TREATED BY BROMIDE OF POTASSIUM.

Dr. Martin-Damourette has been very successful with bromide of potassium in certain cases of gonorrhœa. In one instance of recent blennorrhagia attended by most painful erections, the bromide was administered for the purpose of abating the pain and erections, in gradually increasing doses

of from half a drachm to eighty grains daily, and the patient was quite well in a week. In two other cases Dr. Martin-Damourette was equally successful in twelve days, after the daily administration of one drachm of bromide of potassium with one drachm of tincture of digitalis.

GONORRHŒA TREATED BY CHLORAL.

An Italian surgeon, Dr. Parona, has made an extended trial of chloral as an injection, both in the gonorrhœa of men and in vaginal blenorrhagia, and speaks of its value as a sedative and also as an astringent. He first tried it in 1870. The strength of the injection is one gramme or one gramme and a half of chloral to 100 grammes of water. A two per cent. solution is too irritating, and is rarely tolerated. The injection is used three times a day, and retained as long as possible. The best time to commence it is when the acute symptoms are subsiding, and it then not only relieves the pain and distress on passing water, but also removes the discharge.

STRYCHNIA IN RETENTION OF URINE.

When retention of urine follows in consequence of over-distention and atony of the walls of the bladder, Mr. N. C. Wilson, of Doncaster, recommends strychnia. He claims very gratifying success.

FROSTED FEET AND CHILBLAINS.

The *Repertoire de Pharmacie* recommends one ounce of tannic acid dissolved in about a pint of water, and four scruples of iodine in a sufficiency of concentrated alcohol. The two solutions are then mixed together, and enough water is added to make up two pints of fluid. The best time for using the remedy is on going to bed. The solution is placed on a slow fire in an earthen or china vessel; the part affected with chilblains is then introduced into the fluid, and is to be kept there until the liquid becomes too hot to be borne. The part is then to be withdrawn, and to be dried by being kept near the fire.

PHYSOSTIGMA IN GENERAL PARALYSIS.

Dr. Fothergill relates the history of two cases of general paralysis in which a cure resulted from the use of the extract of physostigma. Dr. Fothergill remarked that physostigma not only lowers the activity of the cardiac ganglia, but also renders them very susceptible to extrinsic impressions. Dr. Forbes, at Shoreditch, has found the bean useful in the treatment of acute mania in its earliest stage. Both aconite and physostigma have powerful antidotes, belladonna and physostigma being antidotal, and digitalis and aconite.

THE DOSE OF DIGITALIS.

The eminent investigator, Dr. John Harley, in a recent letter says, "I have used digitalis extensively, and have given it in powder, juice, and as tincture, in full physiological doses. I have given half an ounce of the tincture at one time, and have long ago satisfied myself that this is a dangerous dose, and that the use of digitalis in large doses is a dangerous practice; and I feel assured that it would be a matter of serious consequence if the British *Pharmacopœia* sanctioned the use of large doses of this drug. Hemlock and digitalis are widely different in their effects. To paralyze the *voluntary* muscles for an hour or two is one thing, and to paralyze the *heart* for a minute is another."

PHELLANDRIUM AQUATICUM.

Dr. Daupley called the attention of the Society of Therapeutics, Paris, to the use of this agent, which had been tested for over twenty years, but had been excluded from practice in a great measure, owing to new remedies. He had obtained most unequivocal proofs of its utility. Its general results are as follows:—

1. It calms pain and nervous agitations without necessarily causing sleep.
2. It soothes spasms, or erythism.
3. It quiets the circulation, and thus lowers the temperature and reduces a hard and frequent pulse.

It appears to be intermediate in action between opium and digitalis. Trousseau states that in phthisis it calms the cough, reduces pain, and moderates the inflammatory symptoms of the early stages.

It diminishes also the irritating cough of acute bronchitis.

"Consistency, Thou Art a Jewel."

The number of the Philadelphia *Medical Times*, for February 19, 1874, is headed in large capitals,

"SIAMESE TWINS NUMBER."

It contains everything useful and useless that in a very brief time could be raked together on the general subject of monsters, and many copies were given away for notice in the secular papers.

The *immediately preceding* number, Feb.

14, p. 314, contains the following shriek for virtue, on the part of the editor:—

"If Siamese twins are to be made the platform for advertising only less monstrous than the subject which affords its pretext, if the itch for notoriety can't be cured by a counsel of brethren," etc.

We do hope that after this self-stultification and astonishing tergiversation on the part of that Journal, we may be spared hereafter, at least, the hypocritical bespattering of physicians' reputations which has characterized its pages of late.

Gonorrhœal Affection of the Larynx.

In the *Gazette des Hopiteaux*, No. 136, 1873, Dr. Liebermann describes a case of metastasis of gonorrhœa to the articulations of the larynx. The discharge suddenly ceased and rheumatic pains were felt in the shoulder and ankles; in three days these disappeared and were supplemented by severe pains in the throat and complete aphonia. No local change could be perceived, and after careful consideration of all the points of the case, the diagnosis was blenorrhagic arthritis of the aryteno-cricoid articulation. The four points upon which this was based were, first, pain in the laryngeal region increased on pressure; second, circumscribed redness and swelling of the mucous membrane; third, partial elevation of one cartilage and fluctuation, and fourth, those symptoms following a suddenly suppressed gonorrhœa.

Better Rules for Diet.

Some old-fashioned health adviser tells us we should always "leave the table slightly hungry." Very different is the wiser and more agreeable modern injunction. The eminent Dr. Max Von Pettenkofer, of Munich, says in a recent lecture:—

"It is only a short time ago that it was customary in physiology to speak of a superfluous or luxurious consumption. According to certain physiologists, as long as the body is able to perform its functions, even though suffering from hunger, to take more food was luxury. But Bischoff and Voit fully demonstrate by their experiments on nutrition that the result of a nourishment so restricted is a state of want, a continual famine, incompatible, in the long run, with the normal conditions of life. The body has need of a certain well-being, of *a small excess* of nourishment, in order to preserve its strength and vigor. What just prevents death from hunger is not sufficient. It is as if we were to restrain the organism from producing any more heat than suffices to prevent death from cold, under pretext that all beyond this limit was superfluity and luxury."

The Law of Malpractice.

Legislation in regard to the physician's responsibility is in a vague condition in most States. The Northeastern Ohio Medical Association, at its late meeting in Akron, received from a committee, the chairman of which was Dr. Slusser, of Canton, a draft of a bill to be passed by the Legislature, requiring:—

1st. That in every case of malpractice the question shall be referred to a board of three medical men; one to be chosen by the patient or his or her next friend, one by the surgeon charged with malpractice, and these two shall make choice of an umpire.

2d. That it shall be the duty of these three arbitrators, after hearing the testimony on both sides, to give the written opinion of the majority to the contestants in the case. If this opinion be adverse to the charge of malpractice, and the plaintiff shall still proceed to an action at law, that then he be required to give bail for the costs, and in the event of a failure to establish his case, he may be made to answer in damages to the defendant for his loss of time and expense incurred in the defence.

Such an act would be a decided advance in the status of the matter as it now is.

The Use of Opium in China.

The increase of opium eating in China is very great. Its culture has rapidly extended, besides the heavy importations from India. It is now the most profitable crop that can be raised. With regard to the quality of the opium produced in China, the statement may be truthfully made that it has not improved; but, on the other hand, this advantage is claimed for the Chinese drug: the habit of smoking it may be thrown off comparatively easily, and that its use is much less injurious than that of the foreign article. It may be mentioned that opium-smoking is not allowed among certain classes. Thus, visitors are generally much struck with the fine appearance of the soldiers at Tientsin, and the heartiness with which they work; the reason being as-

cribed to the fact that opium-smoking is not allowed in the camp, and that the men are strictly watched. The punishment for breaking the rules is slitting or excision of the upper lip for the first offence, and decapitation for the second; and thus we find the anomaly that in one part of the empire the magistracy derive a large income from permitting a practice which, in another part, is punished by the severest of all penalties, viz., death.

An Ophiological Congress.

It is said that Dr. Shortt, of Madras, meditates a voyage to Australia, taking with him a stock of live cobras, to give Professor Halford an opportunity of testing the value of ammonia as an antidote. A writer in the London *Medical Times and Gazette* proposes an Ophiological Congress, consisting of Fayrer, Shortt, Nicholson, Weir Mitchell, and Fayrer's Calcutta assistants, with a select body of experimental physiologists, for the authoritative settlement of various questions. Its sittings would be very attractive.

On Blue Sweating.

Two cases of this strange disease are recorded in the Dublin *Medical Journal* for January, 1874. Its technical name is "blue chromidrosis" or "cyanidrosis." Both patients were young unmarried ladies, of nervous temperament, and the blue exudation was always increased by excitement or agitation of mind. Disappointment in love was the exciting cause in one instance; in the other mental overwork. One case continued six months, the other a year. The blue coloring matter in the perspiration seems to have been the protophospate of iron. Treatment availed little.

The Language of Idiots.

Dr. W. W. Ireland makes the following interesting observation in a recent lecture on Idiocy:—

A singular analogy may be found between the aberrations of idiots from common speech, and those which time has brought about amongst peoples who once spoke a common dialect, as in the Aryan and Semitic families, each from a separate *Ursprache*, and the better-known example of the derivation or corruption of the different Romance languages from the Latin. It appears, as Max Müller argues, that in the end we must come to a physical explanation in the structure of the organs of speech. Certain races prefer certain sounds, because they can utter them more easily; and this must be referable to a facultative difference of nervous or muscular energy, giving greater or less power to particular muscles, so that some modifications of the expelled air of the chest are more easily made than others by the majority, and consequently such-and-such a pronunciation is preferred. In this way whole nations have given up using sounds common in the language of others, just as idiots avoid or cannot pronounce certain sounds.

Correspondence.

A Case of Insanity from Syphilis.

Ed. Med. and Surg. Reporter:—

The history is simply that of syphilis, of two years' standing (occurring in a previously healthy man), not receiving proper management, owing to failure on his part to consult his physician regularly, or carefully follow directions when obtained.

Patrick B., æt. 25, native of Ireland, of previous good health, applied September 18th, 1871, for medical advice. An examination disclosed two chancres on prepuce and glans penis. Prescribed pills hydrarg-protiodide, ¼ gr., every three hours, thoroughly cauterizing locally. Having to leave home at this time for a few weeks, he was placed under the care of another practitioner. On returning, found him already suffering from constitutional manifestations. The sores had healed naturally without a bubo, though enlargement of the chain of lymphatic glands was marked. During my absence he began the free use of alcoholics (having formerly been very temperate in habit), and failed either to take remedies left with him or consult a physician. There was a herpetic eruption on scalp, face and neck, followed by ulcerative pharyngitis; also similar condition of tongue. Trying, as far as possible, to correct his habits, the general and local measures were resumed. For a time he co-operated faithfully in taking remedies and advice, improving sufficiently to resume his occupation, that of a day laborer, which he continued steadily to do till the past fall (1873), although troubled considerably with neuralgic pains in bones, particularly at night, and some cutaneous symptoms; but what was most marked, within the past year decided indications of insanity have appeared, beginning with strange feelings in the head, prompting him to do violence to others, often his friends, under the impression they intend him bodily harm, until he finally became so quarrelsome and dangerous, it was found necessary to remove him to an asylum.

In addition to the delusion mentioned, he had a greatly exaggerated idea of his attractions to the opposite sex, leading to indecencies, thus alternating between acute mania and dementia.

No hesitancy is experienced in attributing this mental condition to syphilis, as no hereditary tendency to insanity exists, as attested by his brothers, who are known to me as reliable men. The use of stimulants as a possible cause is alone worth considering; although they were used when at hand to excess, want of funds at times, and inability to obtain them (stimulants) at others, together with the direct statement of his employer, render it an improbable cause. As the number of reported cases of insanity from syphilis is at least limited, the history of this one is given, as it seems to me properly classed among them.

F. H. Roof, M. D.

Clifton Springs, N. Y., Jan. 19th, 1874.

Syphilography and Syphilopathy.

Ed. Med. and Surg. Reporter:—

In The Medical and Surgical Reporter of January 17th, 1874, fol. 61, under "Notes and Comments," caption "Syphilography," I notice that you quote from the *British Medical Journal*, as something original, the views of Dr. Sisson, stating, "The manifestations of syphilis are very irregular; the graphic description of writers on the subject are untrue, and consequently misleading. Let the objectionable terms *secondary* and *tertiary* be abolished. Call the exordial sore *chancre*, hard or soft, as the case may be, and the resulting phenomena *constitutional syphilis* or *syphilis*, simply."

Feeling that you are ever ready to do justice to an old subscriber and contributor, I respectfully call your attention to an article from my pen, written for your journal in 1867-68, "*On the Causes and Nature of Syphilis.*" Another paper from the author, published about 1866, written for the Memphis *Medical Journal*, titled "*Chancres should never be considered simply a local lesion.*"

The views recently put forth by Dr. Sisson are the same that I have long entertained and promulgated as correct. Yet, I go beyond Dr. Sisson, start sooner and stay longer. I hold that *chancre*, so called, "primary syphilis," is a secondary lesion, *a consequent*, and that the disease in question is *syphilis*, one and the same from the inchoation to the end, from this impressive stage, *i.e.*, from the absorption of the *virus* by the lymphatic and blood capillaries, to the last development; *and constitutional treatment is always demanded.* We are fully aware that this doctrine is not considered orthodox, according to books, surgical teaching of the schools, or the general opinion of the profession. Purposely we want to get out of the old channel, old fancies and theories, concerning this important disease. We should struggle valiantly to cast off the fetters that bind the profession to the old aphorisms of Ricord and his school. Give syphilis a rational history, a rational pathology, and a rational treatment.

The views of Dr. Herman, of Vienna, vide Medical and Surgical Reporter, fol. 83, January 24th, 1874, I fully endorse, when he states, "He is of opinion that many of the doctrines of syphilis as taught in the schools are without foundation."

G. W. Lawrence, M.D.

Hot Springs, Ark.

Chloral in Asthma.

Ed. Med. and Surg. Reporter:—

In your issue of the 7th inst., in a letter by Dr. Moore, of Minnesota, I regret to learn that the few lines I sent you some time since, in regard to chloral hydrate in asthma, failed to accomplish the object intended in writing them. I hoped by them to put practitioners on their guard against the thoughtless or empirical use of chloral in that disease.

Two or three years ago an article similar to the one to which I called attention went the round of the medical journals, recommending chloral in asthma. Thereupon two of my professional friends and myself gave it a test in three different cases of asthma of long standing, which had suffered repeated attacks, and for which pretty much all the known remedies had been tried with unsatisfactory results. In all three of the cases it not only increased the dyspnœa, but also caused a marked and alarming derangement in the heart's action; and we think we learned thereby not to use chloral in asthma unless we can assure ourselves that there is no "*organic lesion of the heart or lungs.*" It was for the benefit of those who had not this experience that the previous brief note was written, hoping it would put others on their guard against using chloral *empirically.*

At this late day it is not necessary to say that chloral is a valuable addition to our materia medica; but it is valuable in proportion to its potency, and therefore should be used intelligently. Very truly yours,

Charles L. Reber, M.D.

Shelbyville, Ill., February 11th, 1874.

Pumpkin Seeds in Tenia.

Ed. Med. and Surg. Reporter.

I send the subjoined case as offering further evidence in favor of pumpkin seeds as a remedy for tape worm.

Mr. G. P. S., æt. about 32, weighing 210 lbs., muscular, well developed man, of this village, the last few weeks has occasionally found on his person and in his pants pieces of something to him singular and unusual; on exhibiting a specimen to me it was recognized as a segment of tape worm.

February 10, 1874, gave him, at 5 P.M., pepo semina, two ounces, in a pint of milk, instead of supper, he having had no dinner.

At 9 P.M. the same day he took the following, also in milk.

R.	Olei ricini,	℥j.	
	Olei terebinth,	℥ij.	
	Syrup. simp.,	℥ss.	M.

At 5 A.M., February 11th, passed the worm entire, 18 feet in length.

This is the third case successfully treated by me during the last three years with this simple and harmless prescription.

CHAS. G. BACON, M.D.

Fulton, N. Y., February 11th, 1874.

NEWS AND MISCELLANY.

Trichinæ in Indiana.

In the cases of trichinosis recently reported from Aurora, Indiana, Dr. George Sutton, of that city, has made careful microscopical examinations of the diseased meat, and demonstrated the correctness of the diagnosis. The patients are gradually improving.

Health of Paris and Berlin this Winter.

Dr. Besnier reports a mild and moist winter in Paris. Pleurisy, rheumatism and puerperal affections are the most common. Respiratory ailments present nothing salient, nor any epidemic manifestation. At the Val-de-Grâce phthisis of an aguish form is frequent; at the Gros-Caillou tuberculous granulitis. Diptheritic affections are severe. Enteric fever is milder and less frequent than in former years. In the garrison of Aurillac, continued fever is common, enteric not so. The soldiers most seriously affected are volunteers.

In Berlin, according to a recent correspondent, the health is much better than last winter, there being very little typhus or relapsing fever, and no cholera.

Personal.

Dr. Lyttleton Winslow, son of Dr. Forbes Winslow, the eminent alienist, has recently obtained a Lectureship in Guy's Hospital. He has also published a *Manual of Lunacy*, highly commended by the English press.

News in State Medicine.

—The United States Senate, on February 17, passed a joint resolution authorizing the Secretary of War to detail medical officers of the army to inquire and report upon the cause of epidemic cholera.

—On the 18th inst., in the Senate of New Jersey, bills were passed "to protect the people against irregularities and mistakes in the sale of drugs and medicines."

—The matter of ventilating public schools is at last attracting some attention. The editor of the Philadelphia *Public Ledger* says:—

We have yet to see a school room in a public school building that shows an understanding of even the common sense principles of ventilation. The truth is, that "architecture" wastes itself either upon the external appearance of the buildings or upon ill-judged "conveniences" inside. If there is a public school building in Philadelphia which, in its internal arrangements for heating, ventilation, etc., and for seating the pupils, shows an *intelligent study* of even the essentials for protecting the health and eyesight of the pupils, we would like, for the sake of the public good, to have an opportunity of examining it.

Another Horse Disease.

An equine epidemic is reported from New York city. It broke out about February 1, the symptoms being loss of appetite, languor and general debility. Swelling of the legs also takes place. The disease, however, yields readily to medical treatment, and few fatal cases have occurred. Of the 2000 horses owned by the Third avenue Company upwards of one-half have been affected. The Second avenue line has had 400 affected. Later advices say that thirty fatal cases have been reported in one street car stable.

Singularly Fastidious.

The Cincinnati Commercial tells of a young physician of that city, who recently took a young lady friend for a drive. Passing a cemetery on the road, the doctor alighted to say a few words to the sexton, and on returning to the lady, surprised her by asking if she would object to riding home with a corpse, which he had just bought. The lady declined, and has since formed a resolution not to go riding with any more enthusiastic students of medicine.

—Railroad accidents in the United States average one person killed and four injured, every working day in the year.

—It is said that 250 persons have been adjudged insane by the Courts in Illinois, who were made so by the Chicago fire.

—An old lady in Washington was recently heard to observe, on taking up the morning paper, "I wonder if anybody has been born that I know."

—Kalamazoo claims the smallest twins ever heard of. One is a boy and the other a girl, and weigh together three pounds and four ounces. They are perfect, and in good health.

QUERIES AND REPLIES.

Propylamin.

MR. EDITOR:—Will some of your readers who have had practical experience in the matter kindly answer the following query:—Is *Propylamin* in any considerable degree an efficient remedy in rheumatism, especially its chronic form?

New York. F. C. C.

Gonorrheal Sterility.

MR. EDITOR:—Mr. A., æt. thirty years, single, contracted gonorrhœa about three years ago, from which he had inflammation of the left testicle. On examination it is smaller and softer, with a couple of hard nodules at the most dependent portion. He finds that his semen is tinged with blood. Can the function of the testicle be restored, and by what means? Is he necessarily sterile, and would you advise him to marry? His sexual desires are very strong. The right testicle is normal. *Subscriber, Scranton, Pa.*

Reply:—The patient is not necessarily sterile, nor even probably so. But he should not marry at present. Inunctions of iodine ointment, and thoroughly soaking the part in water as hot as it can be borne for five or ten minutes twice daily, is the treatment we suggest. EDITOR REPORTER.

Practice or Malpractice?

MR. EDITOR:—I wish to give you a history of a case that has been attended by two doctors living near here, and ask your opinion, as the treatment to me is strange. Mr. B., æt. forty-five or forty-eight years, strong and healthy, was thrown, or fell on a wheel of his wagon, with sufficient force to mash both testes and bruise the penis; he called one doctor, who immediately sent for his friend; they applied hot beans, and after trying to introduce a gum catheter, without effect, they withdrew the wire and undertook to introduce that alone, and said they had reached the bladder with it, but when they withdrew it nothing but fresh blood followed. The patient lay five or six days with no other treatment than the beans. The scrotum, by this time, was the size of a man's head, and very black. Then they made an opening on each side, and after all the other matter had come away, they found the urine was passing through one of the openings; the man lived about a week, suffering untold agonies. He never had an opiate during the time; but before he died he told his attendants, "them two doctors killed him."

Onawa, Iowa. J. B., M. D.

Reply.—We quite agree with the ill-starred patient, as we never heard of a more glaring example of professional manslaughter, if the report is correct. EDITOR.

OBITUARY.

PETER ALLEN, M.D., F.R.C.S., EDIN.

Dr. Allen was born December, 1826, and died in London, January, 1874. He received his degree at the St. George Hospital School, served in the Crimea, tried country practice, and finally, in 1868, settled in London, where he gave his attention to aural surgery. Some important contributions to his chosen subject, namely, the Functions of the Middle and Internal Ear, appeared from his pen in *The Lancet*, during the early months of 1869. In September of the same year, exactly twelve months after his first arrival in London, he was appointed Aural Surgeon to St. Mary's Hospital.

In the summer of 1870 many of his lectures were delivered at St. Mary's Hospital, which were during the ensuing winter (January 1871) published in a collected form, under the title of "Aural Catarrh, or some of the commonest forms of Deafness, and their Cure." These lectures met with considerable success; they have now been some time out of print, and he was laboring strenuously at the preparation of a second edition when struck with mortal illness.

He was an able and intelligent practitioner, and had made some improvements in his art, notably by modifying Politzer's injecting-bag.

DR. FRANCIS HOY.

In January, Dr. F. Hoy died at Columbus, Ohio, one hundred and three years, one month, and twenty-nine days old. Dr. Hoy was born at Wurzburg, Bavaria, December 8th, 1770. He chose the medical profession, and after practice in Bavaria extensively, over a period of thirty-eight years, he emigrated to this country in 1831, when sixty-three years old. He continued the practice of medicine in some of the Eastern States until 1861, when he came to Columbus, where he has since resided. Mr. Hoy celebrated his centenary anniversary in 1871. On that occasion Dr. Hoy was as lively as the youngest person present. This state of health continued until a week before death, when he took cold, which settled in his throat, and notwithstanding prompt medical treatment was accorded him he continued to grow worse, and was prostrated on his bed, from which he never again arose.

MARRIAGES.

LENSSEN—WILSON.—On Thursday, January 15th, 1874, at the residence of the bride's mother, Elizabeth, N. J., by Rev. J. W. Shackelford, Arthur Lenssen, of Rheydt, Rhenish Prussia, and Emily Bulow, eldest daughter of the late William Wilson, M. D., of New York.

DEATHS.

ARMSTRONG.—On Sunday, February 15th, at Edwardsville, Ellen Ethylene, oldest daughter of Dr. J. M. and M. E. Armstrong, aged 8 years, 9 months and 25 days.

ABERNETHY.—At Rahway, N. J., on Friday morning, the 13th inst., Samuel Abernethy, M. D., in the 68th year of his age.

EGBERT.—On the 11th instant, at Winfield, Kansas, Dr. David N. Egbert, late of Lower Merion, Pa., aged 30 years.

FOOTE.—In this city, on the 6th inst, after a lingering illness, Dr. H. Foote, aged 40 years.

KEYT.—On Walnut Hills, Cincinnati, O., February 9th, 1874, at 4 o'clock, A. M., from pneumonia and peritonitis, following scarlet fever, Hamlin, youngest son of Dr. A. T. and Susanna D. Keyt, aged 4 years, 6 months and 8 days.

LOWERRE.—At Newark, N. J., Monday, February 2d, Emily, wife of T. W. Lowerre, M. D., in the 65th year of her age.

MILLER.—On Tuesday afternoon, at 2.45 o'clock, February 10th, 1874, at Beaver, Pa., Thula, daughter of Dr. J. W. and Ella A. Miller, aged eight months and six days.

MOTT.—In Rome, Italy, on the 10th, aged 43 years, Arabella, wife of Dr. Alexander B. Mott, and daughter of the late Thaddeus Phelps.

MURPHY.—At Mount Vernon, N. Y., on Tuesday, February 10th, Rebecca E. Dean, wife of Dr. William Murphy, in the 62d year of her age.

SMITH.—At Perth Amboy, N. J., on Tuesday, February 3d, Charles McKnight Smith, M. D., in the 71st year of his age.

WHITEHEAD.—On the 29th ult., at Woodbury, N. J., Rev. W. M. Whitehead, M. D.

PETTINGILL.—Died at Hancock, Delaware county, N. Y., February 11th, 1874, S. C. Pettingill, Jr., son of Dr. S. C. Pettingill, aged 30 years.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

SIR ASTLEY COOPER'S SPECIFIC IN ACUTE CATARRH, AND OTHER OBSOLETE FORMULAS.

BY DR. MADISON MARSH,

Of Port Hudson, La.

℞.—Tinct. opii, gtts. xxv.

S.—Take the above at one dose, for two or three nights, on retiring to bed; cover well with warm blankets, and your cold is cured. Children's dose in proportion to age and custom of using opiates. It is a common custom to give infants paregoric from birth, to keep them from crying. Of course, they will require a larger dose. In case of infants I give a full dose of paregoric, with from a teaspoonful to two teaspoonfuls of castor oil. Although the formula as it stands is satisfactorily efficient, I have modified it as follows:—

℞.—Tinct. opii, gtts. xxv;
Oleum ricinæ, fl.℥j. M.

To be given every night, as before, to an adult.

If the patient is bilious, or there is strong inflammatory symptoms, of from three to five days' standing, I prescribe the following:—

℞.—Ol. ricinæ, fl.℥j;
Tinct. opii, gtts. xv;
Hydrarg. chlorid. mitis, grs. x.

To be taken as before. Next morning, if it does not act, give an ounce or two more of castor oil.

This is as near a specific as sulph. quinine in intermittent fever, and is acknowledged by heads of families that have grown up under my treatment and advice within the last seventeen years. Physicians, try it and see; and thus commemorate one of the greatest minds in the profession during the present century.

To be effectual it must be used in the first stage of a "bad cold," when it is a mere flux from the nose and respiratory mucous membranes, accompanied by sneezing, itching in the fauces, coryza, and a slight feeling of general chilliness. After the initial period is passed, and mucous inflammation fully developed in the trachea and bronchial tubes, it will not do, but will aggravate the symptoms.

The first initial step in a "bad cold" is made by the morbific effect of atmospheric change of temperature, or poison floating in it, upon the sentient web of nerves that permeate every portion of the skin, or whole surface of the body, thereby destroying the normal action and paralyzing the cutaneous exhalents, thus producing an afflux of fluids, that should have passed off by the skin, upon the mucous membranes of the air passages, producing at first irritation, and finally inflammation.

The primary effect of opium, physiologically, is upon the nervous system, and through it upon the secretions, restraining them all, except the secreting follicles of the skin. It acts upon them with great vehemence, producing increased secretion and abnormal activity. Hence, it at once overcomes this cutaneous inactivity and nervous

torpor, restores the equilibrium of circulation of the fluids before inflammation is established, and perfect health is at once restored.

We have here, some seasons, a sort of nondescript catarrh, or *intermittent*, prevailing as an epidemic, very similar to the *epizootic* of last winter, that resists all sorts of antiphlogistic treatment, counter-irritants, diuretics, expectorants and calomel, but yields and is cured at once by the use of opium and quinine.

Hay Fever can be treated more successfully by the use of Sir Astley Cooper's specific than by any other remedy, by using quinine, as in malarious countries, to break up all periodic tendency. I used this treatment successfully while practicing in the West and in this country, as it prevails here annually amongst the colored people and others that work during *fodder pulling* time.

I think I shall put in my claim to the reward offered by the hay fever fraternity for resurrecting and bringing to their notice a remedy and formula that will stand even with, if not foremost of, any other presented by the profession.

In the rapid advance of medical science, some of the most vital and efficacious of remedies are overlooked and sink into forgetfulness, and are supplanted by those far less efficient. We can very surely profit much by a retrospect and examination of remedies and formulæ emanating from the giant minds in the profession in the age gone before us.

We are overwhelmed, bewildered, and amazed at the unlimited announcements of so-called new remedies. If a physician should accept them all, his whole time would be occupied trying their efficiency. "If scientific treatment at the present day had been in any way perfected, how were it possible that within a few years bromide of potassium, carbolic acid, and hydrate of chloral should become universal remedies; a fact proving the absence of scientific system in the treatment of disease."

On the publication of a new remedy, many, and a large proportion of the profession, are seized by sudden jerks and spasms, and the new thing is seized upon, and without reflection or thought, pause or investigation, the novelty is at once accepted and vigorously espoused, and kept up as long as there is profit in the *new sensation*.

Not only new remedies, but new appliances for their use make their appearance, such as hypodermic injections and local anæsthesia, and are in universal use, to the exclusion of everything else, for all the aches and pains flesh is heir to. Finally the novelty ceases, and remedies and instruments assume their proper level in surgery and general therapeutics.

In yielding just tribute to the great minds of the past, I think it not inappropriate to reproduce, from your *Half-Yearly Compendium*, a formula for the triplex pill of the late Dr. John W. Francis. It primarily consisted of equal parts of socotrine aloes, scammony, and mercurial mass, in a pill, one to be given every night, as a laxative and alterative.

A formula has been recently resurrected, made by Dr. Francis, in his old age:—

℞.—Powd. socotrine aloes,	
Powd. scammony,	
Mercurial mass,	āā 1 Troy ounce;
Croton oil,	fl.xx;
Oil of caraway,	ʒiss;
Tinct. aloes, myrrh, or	
Elixir proprietatis,	ʒij.

Mix the ingredients well together by thorough trituration, make a pill mass, and divide the mass into four hundred pills.

The usual aperient or laxative dose is one pill at bedtime, until the natural condition is restored.

I prefer the first formula of Dr. Francis, for its simplicity and few ingredients, and fulfilling all the indications required.

Sir Astley Cooper denounced the use of a multiplicity of remedies combined in one formula, and said, with three articles he could relieve almost any curable disease.

Using a multiplicity of remedies in one prescription, and employing a plurality of doctors, they will stare at each other when their patient is dying, not knowing whether their patient is killed by some poisonous chemical combination or the disease with which he was afflicted.

As a tribute to my preceptor, Dr. James Carter, deceased, of Geneva, N. Y., who, I think, was a cotemporary of Dr. Francis, and student of the celebrated Dr. Rush, and for the purpose of transmitting some of the professional gems from the minds of the great and good, I submit a formula for making a laxative pill not less celebrated in his locality than the celebrated triplex pill of Dr. James Francis. Through all my prac-

tice I have used them successfully in all cases of constipation of the bowels, restoring them in a short time to their natural action, if used thoroughly before disorganization of the bowels had taken place:—

R.—Ex. col. comp.	ʒj;	
Mass hydrarg.,	ʒss.	M.

Ft. Pill No. xx. Give one every night until there is a regular action every day. After that every night that there is not a regular action through the day.

Hope's Mixture.—A formula of the U. S. Dispensatory for using nitric acid:—

R.—Acid. nitrici	ʒj.	
Tinct. opii	gtts.xl.	
Aquæ camph.	f.ʒviij.	M.

It is a febrifuge, anti-periodic, alterative, diuretic, antiseptic, and tonic.

Sig.—A tablespoonful to be given every two hours in a half glass of sweetened water. Used in chronic diarrhœa, acute and chronic dysentery, cholera, gastric irritation of the stomach, and in the second stage of yellow fever, it is invaluable. I have in the course of my practice gained more eclat in the use of nitric acid than any other remedy, and if within my command, I prefer Hope's Mixture. It is very neat and elegant, and makes a very grateful beverage for the sick under all circumstances.

I have used it in tubercular consumption, when auscultators had pronounced cavities, with great prostration, chronic diarrhœa, and chronic dysentery, with a view of restoring the bowels to their natural condition. To my astonishment it restored my patients to their usual good health and spirits. Two cases are residing near this place. One treated two years and the other five years since. But as the disease is hereditary I think they will ultimately die of it. I did not prescribe this acid with a view of directly relieving the lungs, and dispersing the tubercles, and had not the faintest idea that it had that effect until after reading Dr. Ford's lecture on Consumption, obtained from your office.

As the above combination, known in the Dispensatory as Hope's Mixture, has fallen into disuse and become obsolete, I take this method of bringing it again to the notice of the profession, and rescuing from oblivion one of the most useful formulæ of the United States Dispensatory.

MEDICAL AND SURGICAL CASES TREATED BY ELECTRICITY.

BY GEORGE M. BEARD, M.D.
Of New York City.

NO. I.—MEDICAL CASES.

The following medical cases will serve to illustrate certain features in electro-therapeutics that are not yet fully recognized by the profession, even among those who make considerable use of electricity in practice. It is possible that these reports may be read by some who are in the habit of using both currents of electricity, and who have acquired sufficient skill to enable them to confirm or disprove the results here claimed. General practitioners have continually under observation cases that the specialist sees but rarely, and if he happens to be familiar with electrical applications, may, if he will but take the pains, assist materially in advancing the cause of electro-therapeutics. Acting on the theory that at least a part of the pathology of diabetes rises in the brain or spinal cord, I have treated ten cases by galvanization. The first one treated was the following:—

Diabetes Mellitus, Traumatic Origin, in an Aged Patient; Rapid Relief of all the Symptoms, and Apparent Arrest of the Disease under Central Galvanization; Subsequent Attack of Hemiplegia.

J. D., a farmer, aged 76, was referred to me, January 30, 1873, by Dr. J. H. Raymond. The patient had always been active, laborious, and well, until two years previous, when he fell ten feet in a barn, struck and hit on his side. That same night came pain in the nipple, and a very profuse flow of urine. At one time he passed as high as two quarts and three pints daily. It was ascertained that the urine contained sugar, and by medical advice he had adopted Camplin's diet, and under Dr. Raymond had taken carbonate of soda with advantage.

The symptoms at the time the patient came to me were as follows: There was headache, bad taste in the mouth; the urine had a specific gravity of 1024, and he was obliged to rise in the night to pass water; about two quarts were passed daily; there was considerable muscular debility, so that a short walk was fatiguing.

On the theory that the disease was in the spinal cord, or at least in some part of the central nervous system, I began to use central galvanization, with immediate results.

After the first application he began to be stronger, and after a week it was no longer needful for him to rise at night to pass water. The specific gravity of the urine soon went down to 1019, at which point sugar could still be detected. The diet of the patient, and his general manner of life, was the same as before. Sugar was never entirely expelled from the urine, but in strength the patient so much improved that he could walk several miles daily. The headaches were felt no more, and the bad taste was much mitigated. He returned to his home and to his occupation, and was able to work more or less for six months, when he was taken with hemiplegia.

Dr. Burker informs me that he has similarly treated a case of diabetes, and has from time to time examined the urine and estimated the quantity of urea. He has confirmed the experience above recorded, and besides, has shown what I do not attempt, that the quantity of urea diminished very markedly under the treatment.

In the following much severer case the apparent results of treatment were less decided:—

Diabetes Mellitus, Two and a Half Years' Standing, Apparently Caused by a Fall, Complicated with Various Nervous Symptoms; Temporary Benefit from Central Galvanization.

Mrs. L., a married lady, under middle age, was sent to me, March 4th, 1873. Two and a half years before she had a severe fall, which produced a concussion of the spine, and laid her up for a week. In a few months came on excessive thirst, constipation, and sugar in the urine. She had been through various forms of treatment, and confined herself to bran-bread, and was then drinking Bethesda water, which seemed to do her good. Her condition was as follows: specific gravity of urine, 1049; six gallons passed daily part of the time, and when she paid no regard to her diet. Considerable facial neuralgia, great thirst, a feeling of aching and stiffness in legs, with pains resembling growing pains; insomnia, partly owing to the fact that she was obliged to get up several times during the night to pass water; and tenderness of dorsal and lumbar vertebræ. Treatment by central galvanization faithfully used brought down the specific gravity of the urine to 1040, but never lower than that, enabled her to pass the entire night without rising to make water, and relieved many of her general nervous symptoms, and this was all it accomplished.

Anosmia, loss or impairment of the sense of smell, is relieved by electricity, and sometimes permanently cured. Internal applications are better than external applications, and the galvanic current is preferable to the faradic.

Chronic Rhinitis, with Anosmia and Profuse Secretions; Immediate Relief Under Internal and External Galvanization.

Mr. H., a gentleman of middle life, was referred to me by Dr. St. John Roosa, October 5th, 1872. The patient was suffering from "catarrh," so-called, most severely; the secretion was very abundant. The anosmia was quite profound, and the sense of taste also was considerably affected. The symptoms had been worse during the past two weeks. I gave treatment by internal galvanization with a mild current, six cells, by means of the nasal electrode, the cathode internally. The nasal passages were sensitive, and only gentle currents and short application could be borne. External application also was employed, one pole on the bridge of the nose and the other in the hand. Relief followed the next day; for the first time in two or three weeks, he could smell fragrant substances. He continued to improve under a number of applications, when I lost sight of the patient.

In the above case there was not, so far as I know, any marked improvement in the discharge or in the character of the ulcers from which the discharge proceeded. The case illustrated the fact I have often observed, that the anosmia yielded long before the inflammation with which it is associated.

Cases of asthenopia are frequently benefitted by local faradization or galvanization. I long ago expressed the belief that more could be done for asthenopia than for almost any other form of disease of the eye.

Asthenopia, Nine Years' Standing; Temporary but no Permanent Relief from Localized and General Faradization and Central Galvanization.

Miss W., aged 25, was referred to me, December 11, 1872, by Dr. E. G. Loring.

Since puberty the young lady, who was of a pronounced nervous temperament, had suffered from weakness of the eyes. She could read but little without pain. Before the menstrual periods she was always worse. There was ovarian tenderness, resulting

probably from congestion due to a cold taken during the menses. This tenderness, which had existed two months, made it quite difficult for her to walk long distances, and apparently the weakness of the eyes was aggravated thereby.

An application of localized electrization made her eyes feel better for a day or two. This method of treatment was continued for a month, though varied somewhat by central galvanization and general faradization with a view to improve her general condition. The improvement was not satisfactory; temporary, and I believe permanent, relief was gained.

There is no form of paralysis that serves so well to illustrate the differential action of the two currents as facial paralysis.

Facial Paralysis of Right Side, Caused by Exposure to Cold; Permanent Recovery under Local Galvanization after Failure of Faradization.

Mr. E., a gentleman of middle life, was referred to me November 29, 1871, by Dr. Wm. K. Brown.

The patient had been exposed, a number of weeks before, to a cold wind while riding; there followed paralysis of the right side of the face. For this condition Dr. Brown had used faradization without much effect.

I found on examination that the patient could move the muscle of the diseased side but slightly, and under a strong faradic current there was no response. Six weak cells of the galvanic current caused ready contractions of the *corrugator supercilii*, *the orbicularis and the zygomatici*.

After one week of treatment, six applications, the patient could close the eye immediately after the application, and could slightly corrugate the forehead; at the angle of the mouth no movement was possible. The slight improvement just after the sitting lasted, in its full extent at least, but a short time. December 26, after sixteen applications, the patient could slightly move the angle of the mouth. January 24, after thirty applications he was so nearly well that treatment was abandoned. Subsequently I saw the patient, and he was entirely restored.

In the above case the faradic current alone, even if persevered in, would probably have accomplished little or nothing. And yet cases of facial paralysis of a similar character are sometimes treated by faradization and then abandoned, and then electricity loses ground in that immediate neighborhood. I will not say that faradization long continued may, by its mechanical effect and general influence over nutrition, aid the case of a peripheral facial paralysis, even when it produces no contraction; indeed, I suspect that it may have such an effect; but so long as we have the galvanic current at command it is not necessary to wait the slow action of such an experimental expedient.

NÆVUS, OR ANEURISM BY ANASTOMOSIS.

BY DR. J. F. PRITCHARD,

Of Manitowoc, Wisconsin.

As the report of practical cases to the profession is always of much more real value than theory, I am induced to give the result of an interesting case from my practice.

March 14th, 1872, a little boy, six years old, was brought to me for vaccination. I noticed a tumor on the left side of his face, at the angle of the mouth, and on his mother drawing my attention to it, the examination proved it to be a large nævus, or aneurism by anastomosis. The history showed it to have existed since birth, when it was not larger than a pea. It had gradually increased in size since then, in every direction, and now occupied a space two and a half inches long, extending from a little to the left of the centre of the lower lip outward on the cheek; the opposite diameter was one and three-fourths inches in length, making a very unsightly appearance.

It had the usual characteristics of such tumors, was readily compressible, and as readily distended itself again; it also possessed the usual murmur. He had injured it once by a fall, when there was very free hemorrhage, which was difficult to arrest. Decided, at the request of the boy's mother, to undertake its treatment, and owing to the position of the tumor, and to avoid unsightly cicatrices, concluded to use the injection of liquor persulphate of iron. I may say here that the report of a similar case by Dr. H. Palmer, in the *Northwestern Medical and Surgical Journal*, Vol. II, Nos, 5 and 6, page 249, in which this treatment had been very successful, lent me every hope of success in my case.

To guard against accidents from the detachment of portions of the clot formed by the iron, I had first moulded in wax, and

from that model, a ring of vulcanized rubber to fit accurately around the tumor, and produce compression against the teeth and jaws. This ring answered the purpose admirably, and was held in place by an assistant while the injection was being made, and afterwards until the coagula was firm.

March 23. Commenced injection of Monsel's solution of iron at the edge of the tumor. Made two injections of about two drops each, remote from each other.

March 27. Hard coagula in position of injections previously made. His mother informed me that there had been considerable inflammation and pain. Has used poultices as directed, which caused a little bleeding from the orifices made by the syringe needle.

March 30. Made two more injections nearly the same in quantity as before, and still on the edge of the tumor.

April 3. Tumor smaller. Absorption of clots formed by first injections apparent. Made two injections on circumference of nævus.

April 6. Introduced the point of the syringe directly into the centre of the tumor; it bled profusely for a short time, but was controlled by astringents applied externally. After the coagula had formed there was no further trouble from bleeding.

April 10. Was called to prescribe for a brisk inflammation of the tumor caused by the last injection. The nævus was more than double its former size, hard, with a tendency to ulceration. Used cold poultices, and internally a mercurial laxative.

April 11. Inflammation nearly subsided.

April 15. Slight suppuration from two punctures, but no swelling or general inflammation.

June 4. Made an injection from the mucous surface, which was followed by a free discharge of blood. Very little ulceration since last visit and no further unpleasant symptoms.

July 8. Found a small part of the disease not included in the coagula, which I then injected. After this there appeared to be none of the diseased tissue not injected; some slight puckering around the points which had previously been ulcerated.

From the latter date till the present time have been obliged to make two or three injections of portions of the diseased tissue which had escaped previously, from the compression caused by the coagula. The clots formed by the iron, when large, I found to absorb but slowly, and even now there is the remnant of some left, but in an advanced state of absorption.

The conclusions I would draw are that if we are anxious to avoid disfigurement, and the patient is young, the plan of treatment is very satisfactory; but if situated on any other part of the body than the face or neck, some other treatment would be preferable.

This method of injection would be unsafe where compression cannot be readily made, from detachment of portions of forming coagula. There should be no haste, in order to avoid serious inflammation, and perhaps sloughing, and without regard to the number of days in the interval. An injection should not be made until there is no further danger of causing inflammation in the clot formed by the injection just preceding.

A CASE OF LUMBAR HERNIA.

BY WELLINGTON N. CAMPBELL, M. D.,

Senior Assistant to Reception Hospital, West Ninety-Ninth Street, N. Y.

Thomas Whelan, four years of age, born in this city, was brought to the Out-Door Dispensary of this Hospital, on the morning of November 22d, 1873, for the treatment of an abscess, as the father called it. We were directed to the spine as the seat of trouble, from the peculiar aspect of the patient, which is so characteristic of spinal disease. On examination, was found a convex curvature of the spinal column, at about the middle of the dorsal vertebra, which was first noticed by his parents two years ago, and which very gradually increased in size. Eighteen months ago an abscess formed in the left loin, between the crest of the ilium and the last rib; after attaining a considerable size, it was lanced by a surgeon in attendance, and much pus discharged therefrom. A poultice was then applied, and it continued to discharge up to the first of last May, at which time they discontinued the poultice, and the wound closed. One month following the closure of the wound, another tumor made its appearance, which gradually increased, and the father, deeming it advisable to have it lanced as before, brought his child to this dispensary. The tumor was found to be situated at that point where the quadratus lumborum and latissimus

dorsi intersect the external and internal oblique muscles. It was then about the size of a goose egg, soft and fluctuating to the touch; tympanitic resonance was obtained on percussion, and upon performing taxis forward and inward, it was reduced, followed by a rumbling or gurgling sound, reappearing upon the patient's coughing or making muscular exertion.

From these and other familiar signs it was diagnosticated to be a lumbar hernia, due, in all probability, to disintegration of the muscular fibres of these muscles, owing to the long-continued discharge from the abscess above mentioned. After reduction was accomplished, a compress and bandage was applied to retain the intestine in place. The case was presented to Prof. Mott, at his clinic, at Bellevue College, on the following Wednesday, and he confirmed the above diagnosis.

In looking over the literature of the subject, I find that Gross makes mention of but four cases of lumbar hernia. Holmes of one, and Erichsen of none.

Gross, Vol. II, page 559: "lumbar hernia is extremely infrequent, the only cases hitherto reported being those of Petit, Pelletan, Cloquet and Chapplain."

Holmes says that in the third *Bulletin des Travaux de la Societe de Medecine de Marseille* Dr. Chapplain relates the case of a man, aged sixty, who, after being squeezed between a wall and a carriage, found in his loin a tumor between the crest of the ilium and the last rib. It appeared at first like a chronic abscess, but the presence of intestine was easily ascertained. Mr. Kingdon has seen a case of this kind. The bowels protruded just above the crest of the ilium, at its highest point, about three inches from the spine, just where the quadratus lumborum and abdominal muscles meet. The man was fifty-four years old, tall and thin. He suffered with hæmoptysis and emphysema of the lungs.

The reasons I deem sufficient for publishing this case are as follows:—

1st. On account of its rarity.

2d. On account of the peculiar circumstances under which it occurred.

3d. The imminent danger that would necessarily follow the opening of a tumor of this nature.

—The Worcester *Press* thinks that an *Eng* raving would most appropriately represent the scene of Chang's death.

Hospital Reports.

CLINICAL CONTRIBUTIONS TO OPHTHALMOLOGY.

BY P. D. KEYSER, M.D.

Iritis, with Gelatinous Exudation into the Anterior Chamber.

J. P., æt. 22, came to my clinic at the Will's Ophthalmic Hospital, March 27th, 1873, with iritis, R. E. The inflammation, with pain, came on a few days previously, but thinking it would pass away he took no notice of it at once. The pupil was irregularly contracted; the iris swollen; considerable peri-corneal injection; vision cloudy; pain severe. He had had gonorrhœa two or three times, but never had a chancre. Has suffered from rheumatic pains in the limbs, and sore throat at times.

A solution of atropia sulph., four grs. to the ounce, was ordered to be dropped into the eye three to four times daily, and ten grs. iodide of potassium, with one-twelfth gr. of bin. iodide of mercury and ten ♏. tr. colchicum, given inwardly three times daily.

March 29. Iris finely dilated, but color changed to a dirty yellow. Aqueous clear.

April 5. Iris still finely and regularly dilated, but covered with hemorrhagic spots. The pupillary region is completely covered with a grayish translucent gelatinous mass, apparently issuing from or attached to the edge of the iris. It looks as if the lens had been dislocated forward and become slightly opaque.

April 8. The exudation has increased in size and thickness. The hemorrhagic spots on the iris still visible.

April 10. The gelatinous exudation has increased so as to almost fill the anterior chamber, and is as opaque as a cataractous lens. The vision is reduced to distinguishment of a bright light only. A very narrow rim of the iris is visible.

April 15. The exudation remains as when last seen. There is considerable hemorrhage into the anterior chamber. The pain in the eye much less.

April 19. The hemorrhage into the anterior chamber absorbed, and the exudation less opaque. No pain in the eye nor over the brow. The process of absorption has begun.

May 8. The whole of the semi-transparent coherent mass is absorbed. The anterior chamber is clear. The iris still discolored and dilated. By ophthalmoscopic examination vitreous found to be quite clouded. Ordered hydrarg. bi chlor, one-sixteenth gr., three times daily.

From this day on absorption went on rapidly, and the eye cleared up so as to give a vision of $\frac{20}{XL}$ until

June 7. He returned with the eye again inflamed. Much peri-corneal injection. Iris horizontally oval. Eyeball feels swollen, too large for the socket, painful to the touch. Great burning pain in the eye. Anterior chamber clear, but cornea slightly infiltrated.

Vision reduced to $\frac{20}{c}$; four gr. solution of atropia continued. Artificial leech applied to the temple, and fifteen grs. iodide of potassium inwardly, three times daily.

June 10. Eye much better. Iris well and evenly dilated. Pain relieved.

June 14. Eye still improving. Artificial leech again applied to the temple.

From this time, under the above treatment, the eye improved, so that in about ten days thereafter he went to work with vision of $\frac{1}{2}$.

The points of interest in this case are:—

1st. The hemorrhagic spots on the iris.

2d. The gelatinous exudation into the anterior chamber from the iris.

3d. The primary cause, whether of syphilitic origin or not.

The hemorrhagic spots were peculiar. When first noticed there appeared but three or four little globules of blood oozing out of and resting on the iris, no doubt held in position by still being under the epithelium of the iris. These increased in numbers, and some coalescing formed long oval spots, then passing through the epithelium fell to the bottom of the anterior chamber, forming a hyphæma.

The first appearance of the gelatinous exudation was immediately over the pupil, and appeared issuing from or attached to the inner edge of the iris; looking as if the lens was slipping through the pupil.

From the symptoms of the sore throat and the cloudiness of the vision, I have no doubt that he had a urethral chancre at one of the times he says he was suffering from gonorrhœa, and that syphilis was the real cause of the disease, although at no time could I see a well defined gummy tubercle on the iris.

Schmidt, of Marburg, is the first to have written upon this peculiar exudation from the iris into the anterior chamber. In 1869 he called the attention of Prof. V. Graefe to it, who said that he had seen but a couple of like cases, but had made no particular notes thereof.

In Schmidt's paper he describes two cases which came under his care, but says nothing of syphilis as the primary cause, claiming it as a rheumatic affection.

In looking over them and their treatment, I am inclined to think that there was really more syphilis than rheumatism at the foundation of the disease. In the last case he describes, he at first thought that it was a dislocation of the lens, with secondary iridochoroiditis, and to relieve the severe inflammation placed the patient under the inunction of ung. hydrargyri. Under this treatment, he says, he was surprised to see the exudation became reduced and absorbed. On the sixteenth day after the beginning of the treatment there was a little exudation of blood into the anterior chamber, which was again absorbed the second day after. He does not, however, mention anything about the appearance of little blood globules on the iris first. He also found clouded vitreous as soon as an examination with the ophthalmascope could be made. He does not say if he even inquired or examined for any previous syphilitic infection. His treatment was entirely anti-syphilitic, under which they recovered.

Gunning, of Amsterdam, in 1872 published three cases of this peculiar exudation, in two of which he found syphilis the primary cause of the iritis, and one doubtful, "rheumatism" being given.

Kipp, of Newark, N. J., published a case in 1873, in which syphilis was the primary cause.

All the cases so far published have been males. In looking over these cases I am of the opinion that where this peculiar gelatinous exudation from the iris into the anterior chamber is found or takes place with iritis, that syphilis, either acquired or congenital, will be found in the patient.

Granuloma of the Iris, Extending Through the Cornea.

G. S., æt. 21, machinist, came to me November 10th, 1866, to have his left eye examined, which had been injured some days previously by a ragged piece of iron nail butt flying against it.

There was found a traumatic cataract, a long cicatrix across the outer half of the cornea, running at an angle of 150°, and extending out of the cicatrix there was a flat hammer-shaped fleshy tumor, lying in the cornea. Perception of light was good.

The tumor was 6 m.m. long, 3 m.m. broad, and 2 m.m. thick, and was attached to a small round pedicle that passed through an aperture in the cornea, on the line of the cicatrix, and connected with the iris and spread out on the anterior capsule. The capsule was thickened and appeared quite vascular on that side.

The iris had prolapsed into the wound of the cornea, and no doubt was lacerated at the time of the injury. The pedicle seemed to run along and was lying on the prolapsed iris. The iris was not inflamed, nor changed in color.

There was no pain attending it, but much inconvenience at times by the lids, on closing, catching it and drawing it from its base.

The history given was, that there was considerable pain and inflammation for a day or two after the injury, but it soon passed away, and a little fleshy spot showed itself on the eye, which continued increasing, and at the same time flattening out until it had attained the size above mentioned, when he sought surgical advice.

I proposed the removal of the cataractous lens and the lower and outer part of the iris

with the granuloma, but the patient would not consent to undergo the operation, so I cut the pedicle through close to the cornea, touched the point with caustic, and applied a firm compress bandage over the eye.

I saw him several times in two to three months after, during which time there showed no disposition of its returning, and the eye remained in good condition. Since then I have heard nothing from him. He promised to come to me if it should grow again.

Granulations proceeding from the iris and ciliary body after lacerating wounds, do sometimes form in the eye and produce more or less irritation. At times become large fungoid masses, destroy the eye by bursting through the cornea, and then shrink, leaving the bulb atrophied.

In this case the granulation formed, and following the track of the prolapsed iris, pushed out through the incision in the cornea before it had entirely healed.

Congenital Hereditary Dislocation of Both Lenses.

E. D., aged 28, residing in Lycoming county, Pa., was brought to my clinic at the Philadelphia Eye and Ear Infirmary, January 13th, 1872, for an affection of her sight, with the history that ever since her birth she has had poor vision, never having been able to attend school, although she has made out to teach herself to read by the use of very large type.

She is of normal stature and build, and always enjoyed good health. The eyes are small, diameter of the cornea reduced. Iris dark hazel; pupils rather contracted. On fixation on any near object, the right eye deviates somewhat outward. Her vision is, large objects at ten to twelve feet without distinguishing them. With + 4 glass vision $\frac{15}{cc}$. With + $3\frac{1}{2}$ reads of Jäger's test types, No. 6, at eight inches.

In looking directly in the eyes a grayish white cone-like projection is perceived coming from the lower and outer part of each pupil.

The pupils being dilated by atropia (4 gr. solution), ophthalmoscopic examination showed dislocation of both lenses outward and downward, and now opaque and shriveled, the line of vision being over them.

There is also a singular involuntary spasmodic movement of both eyes and the brow. Every few minutes the brows would contract, and the eyeballs would roll upward and inward as far as the muscles could draw them, being a spasmodic contraction of the corrugator supercilii, and superior and internal rectii and inferior oblique of each eye.

Upon questioning her why she did it, she replied that she was perfectly unconscious of any movement.

She and the lady with her reported that the patient's mother, sister and two brothers were affected with the eyes and sight just as she is; and that the mother had three brothers and her father similarly affected.

If this is so, it is a very remarkable case of hereditary abnormity of the eyes existing in so many members of one family.

It is now a well established fact that there are persons born with the lenses of the eyes out of the natural position, or rather displaced from the normal situation, but still remaining within the ciliary processes, and sustained by the normal attachments. This condition, though rare, is often hereditary, and sometimes exists in several members of one family.

The displacement, according to Stellwag, usually takes place upward and inward. The above case deviating, however, from the usual rule, in the situation being downward and outward.

The lenses in this position often remain transparent for years, perhaps through life, while in some, laminated cataract is developed. There is always great disturbance and difficulty in vision. If by contraction of the iris the rays of light pass through the edge of the lens lying in the pupillary region, the adjustment is myopic, and with some astigmatism is combined; while if the rays pass directly in, by, or over, or under the edge of the lens and not through it, it is adjusted as in aphakia (absence of lens), strongly hypermetropic. Occasionally deviation of the optic axes takes place, that is, the eyeball turns in or out, up or down, from its normal position, to allow the rays of light to pass clearly and unobstructed in through the most transparent part of the pupil, causing an accommodative strabismus, as in the case above, the right eye deviated outward on fixation of objects.

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

(REPORTED BY J. W. P. BATES, M. D.)

Chorea.

Dr. H. T. Reynolds.—St. Vitus' dance is one of the most novel of the diseases of the nervous system. It consists of irregular and involuntary convulsive movements of one or all of the voluntary muscles, depending upon centric or peripheral irritation of the nervous system. The disease, as we commonly meet it, is so unlike any other affection that we have no hesitancy in recognizing it. It begins with twitching of one or more muscles, and gradually involves others, until frequently the whole body participates in irregular clonic movements. Usually one arm or one side of the face is observed to twitch, and the child is mortified on being reproved for mimicry; but not many days elapse before the parents become painfully aware that the grimaces and distortions are unavoidable. The hand, in passing to the mouth, shoots all around its mark, and finally hits it as if by accident. When the convulsive movements have extended to the body and lower extremities, walking becomes shambling, difficult, and even in bad cases impossible. The patient pitches forward,

makes numerous halting movements, strides, leaps, twists and contorts the whole body. When he attempts to control himself the gyrations are aggravated. In sitting, the feet and hands are never still, the head turns in every direction, the countenance is vacant and distressed, and some children betray an irresistible propensity to laugh and giggle when spoken to. The tongue, after some efforts, is quickly protruded and as quickly withdrawn. Its coating is not characteristic. The child keeps sliding from the chair, then rights itself up, and has no sooner attained one position than it finds itself in another. The speech is often impaired and articulation imperfect. Usually one lateral half of the body is affected more than the other, and sometimes the movements are confined to one side. There is an entire absence of fever or pain, except in complicated cases. During sleep the movements usually cease. This description covers the majority of cases.

Milder forms of the affection, confined to one or a few muscles, come under our eye daily; such as squinting, shrugging the shoulders, twitching the hands, etc.

Chronic forms exist in every large community, the unfortunate victims becoming objects of merriment to the ignorant, and of commiseration with the intelligent. As a rule, the mental faculties are impaired in protracted cases, and, indeed, those attacked are among the weak minded, but this is far from being always the case. Several of our most competent business men are sadly afflicted with general chorea, and one of the most profound lawyers of the age has an ungovernable cheek.

A very fatal form of this disease prevailed some years ago in Lombardy, known by the name of electric chorea. The movements were rhythmical, and delirium was common. Epilepsy was the usual termination. At one time, in Italy, persons supposed to have been bitten by the tarantula took on dancing movements, which lasted a considerable time. Music was invoked as the only antidote.

Chorea has had an interesting religious connection. It appeared in France in the latter half of the fourteenth century, and prevailed extensively on the Continent, and was known as St. John's Dance. Some years later an epidemic commenced at Strasburg. "So numerous were the sufferers, real or pretended," says the historian, "that the city authorities divided them into companies, and appointed persons to conduct them to the chapel of St. Vitus, as well as protect and restrain them by the way. They were taken to this chapel in consequence of a legend which represented that St. Vitus, when suffering martyrdom, in the year 303, had, in answer to prayer, received power to protect from the dancing mania all who observed the day of his commemoration and fasted upon its eve." At any rate, to the shrine the people went, and there priests were ready to sing masses and perform other services fitted for the occasion. Thus the name of the disorder became changed from the dance of St. John to the dance of St. Vitus. These epidemics had peculiarities with which we are unfamiliar at the present day; flatulence, howling, screaming, etc.

Dr. Hecker observes that "for nearly two-hundred years society was disorganized by persons suffering from this demoniacal disorder, and by rogues who simulated it for sinister purposes."

Among the physical phenomena of the Methodist movement of the last century, there were, beyond doubt, many cases of hysteria and catalepsy, as well as chorea. The most remarkable instance, as noted by Jonathan Edwards, occurred among the Presbyterians in our Western States, and were known as the "jerks." The eccentric Peter Cartwright says, in his autobiography, "Just in the midst of our controversies on the subject of the powerful exercises among the people under preaching, a new exercise broke out among us, called the jerks, which was overwhelming in its effects upon the bodies and minds of the people. No matter whether they were saints or sinners, they would be seized with a convulsive jerking all over, which they could not by any possibility avoid, and the more they resisted the more they jerked. If they would not strive against it the jerking would usually abate. I have seen more than five hundred persons jerking at one time. Most usually persons taken would rise up and dance; some would run, but could not get away; some would resist, and on such the jerks were usually very severe." Some remarkable cases are mentioned in recent medical journals, but I will not prolong this part of my subject by referring to them.

Causes.—Chorea occurs particularly in childhood, most frequently between the fifth and fifteenth years, though no age is exempt. A recent number of the *Lancet* records a case of its occurrence in a man 46 years of age, and Dr. Wood mentions a case at 86 years. The subjects of it are generally of an impressible nervous temperament, either naturally or as the result of some debilitating influence. Many cases are clearly traceable to fright and emotional excitement, the bodily health being apparently good, but the majority have had antecedent disorders. A lad whom I attended with acute meningitis, had decided chorea about the beginning of convalescence. Rheumatism appears to bear a causative relation. Many practitioners have observed the disorder in connection with disease of the heart, and the opinion is largely entertained that this is a frequent cause of the complaint. I have never met with other than functional disturbance of the heart in this disease. Syphilitic affections, anæmia, congestion and inflammation of abdominal viscera may all so disturb the nervous system as to bring about the disorder. Intestinal irritation plays a prominent part in the causation. Some cases are clearly attributable to diseases of the genital organs and masturbation. Dr. Dickinson, of London, had a fatal case in a girl, æt. 17, who had a diphtheritic deposit on the cervix uteri, accompanied by intense congestion.

Generally, chorea is not to be considered dan-

gerous. Its duration is from several weeks to as many months. In some the disorder continues for many years. In others, again, as I hope to demonstrate, it passes away in a few days, and is strikingly under the influence of medicine. Some are exhausted and die from the severity of the convulsive movements, which seriously interfere with nutrition. So seldom does this disorder prove fatal, that opportunities for *post-mortem* investigation rarely occur. Appearances found after death belong rather to the concomitant diseases, and cannot be said to pertain essentially to chorea. We may fairly regard this disease as functional, depending in its inception upon one or other of the causes named, but in many instances continuing long after the original disturbance has ceased, and not unfrequently abating while the presumed cause still continues.

Treatment.—The physician usually contemplates a tedious treatment, extending over weeks or months. This apprehension very naturally results from the common experience and teaching of the profession. Attention should first be directed to the disorder which causes the disease. We must get rid of the worms or other sources of irritation, and attend to the constipation which is usually an accompanying symptom. If the patient be rheumatic we treat accordingly. Acute diseases must receive special attention, irrespective of the existing chorea, which, indeed, often ceases during the continuance of high fever and inflammation. Among the numerous remedies which have attained popularity, arsenic, zinc, iron, and strychnia stand out conspicuously. Besides these others have met with more or less favor, owing to their adaptability to the morbid condition which excited or accompanied the chorea. Arsenic has been used extensively of late years. English authors speak very highly of it. It is given in five gtt. doses of Fowler's solution twice daily, and gradually increased until its physiological effects are noticed on the eyelids, then gradually diminished. I have treated several cases in this way, but they lasted so long that I was disposed to attribute the recovery to the *vis medicatrix naturæ*. Sulphate of zinc administered in doses of one grain three times a day, increased to twenty grains or more, seems to be quite popular just now. It is given until the symptoms abate, or until it ceases to benefit, then gradually diminished. Twelve cases treated in this way at the Children's Hospital, London, by Drs. West and Dickinson, recovered in from seventeen to ninety days, average time of treatment forty-six days. Castor oil was the only cathartic used. Dr. Dickinson advises the zinc in robust patients, in chronic cases arsenic and strychnia. Trousseau always preferred strychnia. In children from five to ten years old he commenced with doses of one-twenty-eighth of a grain two or three times a day. The third day he increased the dose, and continued to increase it at intervals, until the physiological effects were manifest. At times he reached as high as one and a half grains per day. These large doses were kept up awhile, then gradually reduced. Tartar emetic has been used with good effect by Laennec and others. The first day he would give one-seventh of a grain, double it on the second and triple on the third; then from three to five days he gave none; then go on with larger doses for a few days, then another rest, and so on. He has given in this way as high as fourteen grains at a dose. It is reported that ten cases under this treatment recovered, on an average, in sixteen days.

Radcliffe speaks most highly of cod liver oil in conjunction with hypophosphite of soda, sometimes associating camphor and ammonia. He has treated upwards of thirty cases with these remedies, and says the average duration of treatment was under three weeks. In some cases he associated arsenic. He recommends treating local chorea with arsenic, applied endermically or hypodermically to the part affected. Dr. Elliotson cured forty cases in succession by the use of sesquioxide of iron alone, average time six to eight weeks. Cimicifuga has a good reputation in America. In some reported cases the ether spray to the spine appeared to control the movements to some extent.

I wish to call attention to nine cases which I have treated during the past two years, illustrating most strikingly the beneficial effects of calomel and jalap, given in doses sufficiently large to cause considerable pain in the alimentary canal. Whether or not the happy results obtained were due to the relief of the irritation in the brain and spinal cord by the more powerful impression upon the bowels which the cathartic produced, I am not prepared to say. Nor will I conjecture how far the relief of visceral congestion contributed to the result. Cathartics, frequently given, were formerly used in this disease much more than at present. With some of the older physicians they constituted the only treatment, and their use was followed by gratifying results.

In reviewing many of the cases which have been reported in the text-books and journals, it is manifest that where cathartics formed a prominent part of the treatment the speediest results were obtained.

Cases.—I. January, 1872, Ida L., æt. 5 years. Had chorea two years ago, which lasted three months. At that time I treated her with arsenic and iron. This time I gave her wine of iron, fld. ext. cimicif., and applied ether spray to the spine daily. This treatment was continued twenty-nine days without any improvement. As she was costive I ordered calomel, gr. ijss, jalap, gr. v; this caused vomiting and purging with pain. The next day the movements had entirely ceased and all treatment was discontinued. The second day after the movements returned; the powder was repeated, with the happy result of stopping the chorea entirely. Length of treatment three days.

II. March 12th, 1872, Anna McC., æt. 11 years. She had had chorea one week, and the movements were well marked in both upper and

lower extremities. Some weeks before she had suffered from rheumatism, and since has been feeble and anemic. I gave her calomel, jalap, āā gr. v, which produced vomiting and painful stools. No other medicines were given, and no special hygienic measures employed. The chorea stopped the same day and has not since returned. In a short time she enjoyed her usual good health, without the aid of any other medicine. Length of treatment one day.

III. June 7th, 1872, James H., a tall, awkward boy, æt. 13 years, subject to occasional epileptic attacks. Has had chorea six weeks, and for four weeks has been under the treatment of a distinguished physician without improvement. When I saw him he could scarcely walk, and could not take his meals without assistance. I gave him of calomel and jalap five grains each. He had a painless stool. There being no improvement I doubled the dose on the 9th, two days after my first visit. This produced vomiting and painful passages, and entire relief followed. On the 11th there was a slight return of the chorea, for which I gave calomel and jalap, ten grains each, which produced no improvement. On the 12th I gave calomel, five grains, jalap, fifteen grains. This was followed by a painless stool and entire recovery. Duration six days.

IV. James H., again. Fourteen months later, August, 1873, the same boy had another attack. I ordered ol. tiglii, gtt. iss, which was repeated three days later. As intended, severe griping was produced by each dose, but there was no abatement in the symptoms. On the fifth day he took calomel, five grains, jalap, ten grains, which produced no improvement. The seventh day he had an epileptic fit. I gave nothing until the twelfth day, when I ordered the same dose of calomel and jalap. He has had no chorea since. Duration twelve days.

V. July 19th, 1872, Eva G., æt. 10 years, a vigorous child, troubled with worms. I ordered ten grains jalap; next day there being no improvement I gave santonin, gr, j, calomel, gr. v, jalap, gr. x. The next day she passed one lumbricoid and some small worms. The cathartic caused no pain. On the third day the movements were worse, but I persisted, ordering santonin, gr. j, calomel, gr. v, jalap, gr. xx. She passed more worms, but the symptoms did not improve. On the fifth day increased the jalap to thirty grains; this caused vomiting and purging, with much pain, without improvement in the chorea. Having pushed the cathartics as far as I thought safe I ordered Fowler's solution, gtt. v, three times a day. On the fourteenth day the movements still continued, and as she was quite anæmic I gave carb. iron, grs. iij, *ter die*. On the twenty-fifth day the symptoms had disappeared. Duration twenty-five days.

VI. January 5th, 1873, I saw a delicate young lady, æt. 18, who had been suffering several weeks from general chorea. She could not dress herself nor perform any household duties. Gave cal., 5 grs., jalap, 10 grs.; the second day there was no improvement. She took the same dose on the fourth day, which produced some improvement, but on the sixth day was as bad as before. On the eighth day gave cal., grs. 5, jalap, grs. 15, and on the ninth she had entirely recovered. Duration nine days.

VII. Four months subsequently she was brought to my office, chorea having been noticed eight or ten days before. The movements were confined chiefly to the left side. Since her previous attack she has married. Gave cal., 5 grs., jalap, 15 grs., which acted briskly, and the next morning she enjoyed her usual health. Duration one day.

VIII. June 12th, 1873. Carrie G., æt. 12. A delicate child; had small-pox in infancy; two years ago had an attack of subacute rheumatism. For six months before I saw her she suffered with occasional rheumatic pains, mostly at night. The chorea had existed one week, and was confined to the arms. I gave nothing, and saw her again four days later, when the movements had greatly increased, but were confined almost entirely to the right side. She complained of pain in the coronal region; slept a great deal and quite profoundly. I gave her cal., 5 grs., jalap, 10 grs., and found her well the next day. Duration one day.

IX. October 25th, 1873. Lillie I., æt. 9 years, sick ten days. Fourteen months before she had rheumatism. The father died of phthisis; the mother is large and well formed; has frequent rheumatic attacks. Gave cal., 3 grs., jalap, 10 grs. Next day she passed a lumbricoid worm, but was not improved. Fourth day was much better, and could dress herself. Being very anæmic, I gave tr. ferri. chlor., gtt. f0 ter die. She gained flesh, but the movements continued. I did not see her again until November 20th, (twenty-sixth day), when I gave her cal, 5 grs., jalap, 10 grs., and the chorea stopped immediately after free purgation. Duration twenty-six days.

Average length of treatment of all the cases, nine and one-third days. Average duration of those in which cathartics alone were used, five days. In seven of the cases the remedial effect of large doses of cathartics was unequivocal, as no other remedies were used. In the other two the benefit was not so apparent, but I have no doubt they were of material service.

Dr. Arnold said that he was glad to see the old cathartic treatment revived, and thought that Dr. Reynolds had done good service by calling our attention to it. He certainly should try it in the next case of chorea which came under his care. He thought the old physicians were excellent observers, and they were of the opinion that these cases were reflex in their origin, and used evacuants to remove any irritation in the alimentary canal. Cases of chorea generally do well, but sometimes they are obstinate, and in the aged, paralysis agitans is frequently diagnosed as chorea.

Dr. Erich said he had usually good results from the use of cimicifuga and the oxide of zinc.

Dr. Monmonier has treated several cases by

counter-irritation from without, as blisters to spine, hot or cold water, etc. He thought the cathartics used by Dr. Reynolds owed some of their success to the counter-irritation produced.

Dr. Arnold. Rosenthal, a great authority on nervous diseases, speaks highly of the interrupted current. The negative pole should be applied to the upper part of the spine, and good shocks given. We may speculate about the pathology of this disease, and our speculations may be correct, but when I come to think that it all turns upon + or — blood, I begin to get a little shaky. The microscope reveals minute changes which are not the results of too much or too little blood, and Clarke and others speak of these changes occurring in the vesicular substance of the brain.

Dr. Evans. My treatment of these cases has been very simple; a purgative followed by potass. brom. I have never had any trouble.

Dr. Lynch. What was the average duration of your cases?

Dr. Evans. Eight or ten days.

Dr. Erich. What did Dr. Evans use before the bromide of potassium became fashionable?

Dr. Evans. Sulphate of zinc.

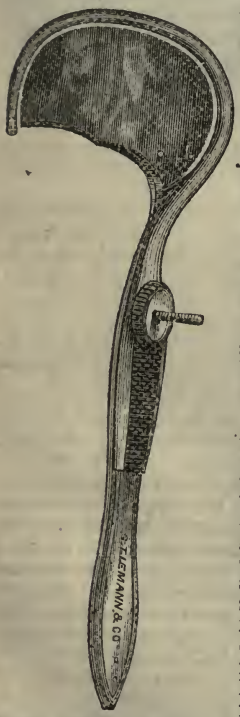
Dr. Reynolds. We can only advance safely by observation. Some time ago I had a case of epilepsy which I was treating with bromide of potassium (grs. xv. ter die) with unfavorable results. Dr. Miller was called in consultation, and advised increased doses of the medicine. The effect was to increase the frequency of the convulsions to six or eight a day. I stopped all treatment for five or six days and then gave pil. cath. co. No. v. The next day there was one convulsion. I repeated the cathartic, and there have been no convulsions since. I believe that in this case the bromide had weakened the patient, and thus increased the frequency of the attacks.

Editorial Department.

Periscope.

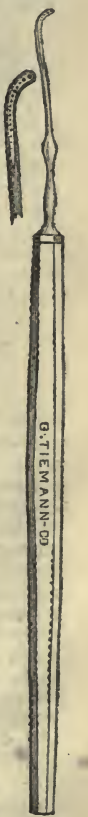
New Instruments Relating to the Eye.

Dr. Knapp, of New York, describes some new instruments, as follows, in the *Transactions of the American Ophthalmological Society*:—



The first instrument is an *improved lid-forceps*. It has rendered me and my colleagues at the New York Ophthalmic and Aural Institute good service in various operations on the lids. The modification, which renders the instrument applicable to both eyes, seems to answer perfectly well.

The second instrument is a "*hook for the extraction of foreign bodies from the interior of the eye.*" It is a small hook, grooved and roughened at its concave side, made of flexible silver, so that its curve may be changed according to the requirements of the case. I have used this instrument for years with good results, and have a number of cases on record in which it rendered me excellent service. Those who have had opportunities to remove foreign bodies from within the eyeball, will know how unavailable forceps are for this purpose, the foreign body, in most cases, receding before the instrument, is pushed more deeply into the interior structures of the globe. The best instruments to extract foreign bodies out of the eye, and, in fact, the only available ones, are hooks and curettes. With these, you can go behind the foreign bodies and draw them toward and into the opening through which you have introduced the instruments. I may add that in this way I have extracted successfully a number of foreign bodies from the *anterior chamber*, some from the *lens*, and a few from the *vitreous chamber*.



The third instrument is a new *ophthalmoscope*. The practical improvements which of late have been made in the construction of ophthalmoscopes have reference to their use as optometers, thus aiding our examinations of the state of refraction, and making them independent of the answers of the patients. The advantage of having an instrument which admits this examination with the smallest loss of time, is felt by every ophthalmologist. A rotating disc behind the mirror, first employed by Mr. Rekoss, of Königsberg, and modified so usefully by Dr. E. G. Loring, of New York, seems to be the best mechanical contrivance for using the ophthalmoscope as an optometer. Loring's three discs, however, cause considerable loss of time by changing from one to

the other, and Cohn's modification, which puts all the glasses of Loring's three discs into one large disc of 3 inches in diameter, appears clumsy and unmanageable. Apart from these inconveniences, the discs in Loring's ophthalmoscope have not a sufficient number of glasses for the requirements of a careful ophthalmic practitioner. Some years before Dr. Loring constructed his instrument, I had a complete collection of small trial-glasses made, which I could insert into an ordinary small (Liebreich) ophthalmoscope, and Dr. H. D. Noyes had his ophthalmoscope so changed that he could place behind the mirror all the numbers of his trial case of spectacles. All this, however, requires too much time for constant use. The ophthalmoscope which I have the honor to show you affords the greatest possible number of trial-glasses behind the eye, permits them to be rapidly changed, while the instrument is nearly as small as Loring's. It consists of the ordinary mirror, behind which two discs can be rotated like the diaphragm in some—for instance, Kellner's—microscopes. In each disc are thirteen little apertures, twelve of which are filled with glasses, one being empty (see Fig. 2, A). One disc contains convex, the other concave glasses, in the following progression: 3, 4, 6, 8, 10, 12, 14, 17, 20, 24, 33, 48.* The intervals of refractive power between these numbers are as follows: between 3 and 4 = $\frac{1}{12}$; 4 and 6 = $\frac{1}{12}$; 6 and 8 = $\frac{1}{24}$; 8 and 10 = $\frac{1}{40}$; 10 and 12 = $\frac{1}{60}$; 12 and 14 = $\frac{1}{84}$; 14 and 17 = $\frac{1}{79}$; 17 and 20 = $\frac{1}{113}$; 20 and 24 = $\frac{1}{120}$; 24 and 33 = $\frac{1}{88}$; 33 and 48 = $\frac{1}{168}$. The weaker numbers, which occur more frequently in practice, show very small intervals of refraction. These two series of glasses are sufficient for the majority of cases coming before the practitioner. To avoid, however, any loss of time, both discs are placed behind the mirror, and the change from one glass to any other is effected by a very easy rotation of the disc. The discs are held in place and protected from being soiled by a thin metal plate (Fig. 2 B.), which covers the glasses from behind, whilst in front the discs are applied to the body of the instrument. The cover has three holes; the middle one corresponds to the perforation of the mirror; through the two others, placed respectively above and below the central one, the numbers of the glasses can be read (see Fig. 3). The cover can be removed if the glasses require cleansing. The vertical diameter of the ophthalmoscope, the handle, of course, not included, is 60 millimetres, not quite 2½ inches; its horizontal diameter is 35 millimetres, not quite 1½ inches.

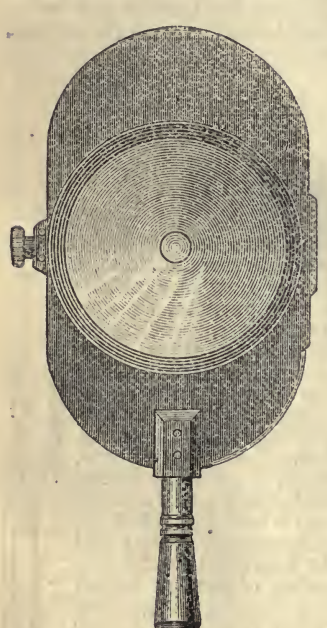


Fig. 1.

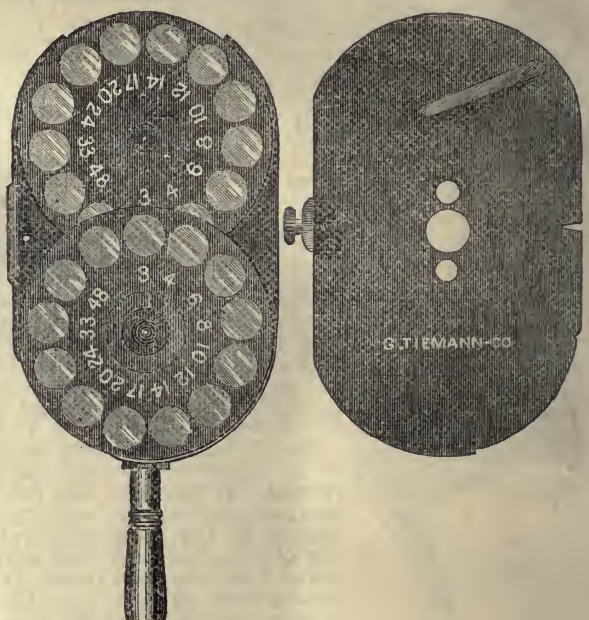


Fig. 2.

The instrument has, however, another advantage: the edges of the two discs overlap each other at the place of the perforation of the mirror, so that each glass of one disc can be superposed by each glass of the other disc, thus giving combinations of glasses which will satisfy all practical and scientific demands. It is easy to make intermediate numbers between the higher numbers of the discs. If, for instance, you superpose —4 and + 48, you have the number —4.33. If you superpose —4 and + 24, you get —$\frac{5}{4}$ or nearly —5, and so forth. If you want to know

*Note.—In the new instruments + 2 and — 2 are added.

the distance between two parts of the fundus oculi, for instance, the centre and the margin of the optic disc, you determine the position of one part by one disc, and add or take away so much refractive power by the other disc as is required to see the second part clearly. Say, for instance, that the centre of an excavated papilla appears clear with— 8. You then leave the disc of the concave glasses with — 8 behind the aperture in the mirror, rotate the disc of the convex glasses and find that convex 24 renders the margin of the papilla clear. Then the refractive difference between the margin and the centre of the disc is $\frac{1}{25}$, which indicates an excavation of 0.4 millimetres in depth. I need not multiply examples, as the use of the instrument is very simple. Messrs. Miller Bros., manufacturing opticians, 1223 Broadway, New York City, have made the instrument with extreme neatness. Its whole thickness is only 5 millimetres.

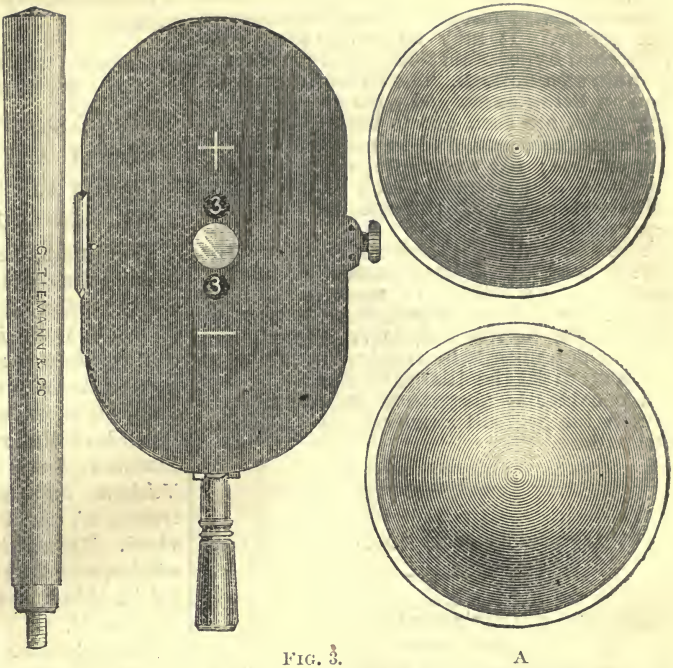


FIG. 3. A

Two objective lenses (Fig. 3, A.), No. 2 and No. 3, are added, and the whole instrument is contained in a case which is only a little more than half as large as Fig. 3. Its price is $40.

Extirpation of the Larynx with the Epiglottis.

On the last day of the year lately ended, Professor Billroth performed the operation of removing the layrnx and epiglottis; a proceeding which had never before been attempted in the human subject, though Czerny had shown, in 1870, by careful experiments, that it was anatomically and physiologically practicable. The patient was a strong man, about forty years of age, the subject of cancerous growths in the larynx, which had repeatedly, after putting him in danger of death from suffocation, been removed by Dr. Störk, with the aid of the laryngoscope. In the beginning of November the new growths extended so far into the interior of the larynx, that their removal from above was no longer possible. As, however, a part of the right vocal cord was present, Drs. Störk and Billroth hoped to preserve this, however imperfect; they therefore opened the larynx from the front, and after removing the growths, applied solution of perchloride of iron to the inner surface. The result of this operation, which was well borne by the patient, appeared at first to be very promising; but in the middle of December new growths were detected by the laryngoscope, and at the end of the month symptoms of asphyxia appeared. On December 30th Dr. Billroth and Dr. Störk decided that the whole larynx was so full of malignant growths that it would be useless to repeat the operation of dividing it and clearing them out; and there was no longer a possibility of preserving any part of the vocal cord. Extirpation of the part would produce no additional physiological defect, and might lead to a radical cure, if the disease were confined to the part and had not reached the glands. Professor Billroth therefore removed the entire larynx. The patient bore the operation very well; he breathed freely through the trachea, in which a tube was inserted; the fever was slight and of short duration; and on the 9th instant the wound was healing favorably. On the 24th the man was reported to be able to eat and drink, and to sit up for several hours daily.

The Lesion of Lice.

Dr. TILBURY FOX explains, in the *Lancet*, the appearance of louse bites. He remarks:—

It is easy to mistake the characteristic lesion, and in such cases the observer will, of course, affirm that the lesion I describe is not reliable. The lesion which I say is characteristic is not a bite or a scratch: it is the opening of a follicle dilated by the proboscis of the pediculus, and showing in its centre a speck of at first bright-red blood, which soon acquires a darker hue.

This hemorrhagic speck or "lesion" is not raised to the feel or the eye. It looks like a circular cup-shaped depression about the size of the blunt point of an ordinary

pin, with a well-marked circumferential edge (a dilated follicle), and a black dot in the centre. It may be confounded with scratched hyperæmic follicles, or papillæ, or minute excoriations. The former are raised, and on being examined with the magnifying glass, are seen not to be round, but to have ragged edges, and to present a bleeding surface; the excoriations are irregular in shape, and want the look of the dilated follicle-mouth, with the speck of blood in the centre.

The fact is the pediculus has no mouth; it does not bite. It has a proboscis, which it pushes into a follicle to reach a capillary vessel. In the act of sucking blood away, the mouth of the follicle is dilated, and when the proboscis is withdrawn, the blood wells up to fill the dilated orifice.

I consider it altogether unnecessary to search for pediculi amongst the clothes of the patient.

Reviews and Book Notices.

BOOK NOTICES.

Galvano-Therapeutics. A Revised Reprint of a Report made to the Illinois State Medical Society, 1873. By David Prince, M.D. Philadelphia, Lindsay & Blakiston. pp. 64, cloth. Price $1.25.

Lectures on the Clinical Uses of Electricity. Delivered in University College Hospital, By J. Russell Reynolds, M.D., F.R.S. Second Edition. Lindsay & Blakiston. 1874. pp. 118, cloth, 8vo. Price $1.25.

The former of these treatises we have already referred to in our notice of the *Transactions of the Illinois State Medical Society*. As a careful summary of the availability of galvanism to therapeutical exhibitions it deserves high commendation, and its author evidently speaks from considerable experience and conscientious study of the subject.

The second work, by Dr. Reynolds, is a brief but well-composed essay, chiefly on the diagnostic and therapeutical employment of electricity, and as a handy manual for the general practitioner who does not care or has not the time to enter deeply into the subject, will doubtless meet with much favor, and deserves to do so. The author is a London physician of ample experience, Professor of Practice in University College, and a very favorably known writer on medical topics.

A Practical Treatise on the Diseases of Children. By J. Forsyth Meigs, M.D., and William Pepper, M.D. Fifth Edition. Revised and enlarged. Philadelphia, Lindsay & Blakiston. 1 vol., 8vo, pp. 1008. Price, cloth, $6.00, sheep, $7.00.

That another edition of this compendious treatise has been demanded in comparatively so short a time after the appearance of the last one is the strongest testimony that can be adduced in favor of its popularity and usefulness. The present edition has been enlarged over a hundred pages, and several of the more important articles it contains have been entirely rewritten. Various additional diseases have been treated of, and the whole text carefully revised. Those who already own the previous edition will find enough that is new and useful in this one to repay them for the purchase of it.

The publisher presents the work on fine paper and with clear, readable type, and no doubt the profession will not allow the edition to burden the shelves very long.

A Clinical History of the Medical and Surgical Diseases of Women. By Robert Barnes, M.D., London, etc. With 169 Illustrations. Philadelphia, H. C. Lea. Sheep, 8vo, pp. 792.

The name of Robert Barnes is already so well known, as that of one of the ablest living English gynæcologists and attractive writers, that it alone is a guarantee of the character of his production. A study of the work will not disappoint such expectations. It is admirably full and lucid, treating the various diseases of women from the vantage ground of an immense clinical experience and of a well trained and forcible style. The treatment of these complaints is drawn up with especial care, and represents the happy medium between the venturesome rashness of many gynæcological surgeons and the do-nothing plans of general practitioners.

Most of the illustrations given are new, drawn from the rich stores of specimens in the Pathological Museum of London. The paper and print are excellent, and nothing has been overlooked by either author or publisher to facilitate the study of its pages.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 7, 1874.

D. G. BRINTON, M.D., Editor.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editor disclaim all responsibility for statements made over the names of correspondents.

NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

"CHEAP JOHN" DOCTORING.

A note which appeared in the REPORTER, January 31st, commented on the impropriety of town, county or city authorities offering the medical supervision of jails, almshouses, and the district poor, to the physician who would undertake it at the lowest rates, without regard to his other qualifications. The note ended with the expression: "The meanest man always gets the job."

This seems to have given considerable offence to a respected friend of ours, in the State of New York. He writes us, quoting this remark, and asks:—

"How so? Is it any meaner to attend the town's poor for a specified sum per year, than to attend them for nothing? I do not think that I am meaner than the majority of my brother Doctors; yet I perform the town work for two towns, at so much a year. There has been no competition. The Board of Auditors agree to give a specified sum, which any Doctor may accept, or attend the poor gratis, as it would amount to that, it being a rule among humane physicians not to refuse to go to a poor man who may call for his services. I think your indiscriminate denunciation extremely unjust."

We are pleased with the opportunity thus offered to discuss this question, not for the purpose of justifying ourselves, but to place the subject generally before our readers. It is familiarly known to most physicians that in counties, towns, and small cities, the Boards of Auditors, the Commissioners, and other such bodies, very generally strive to obtain the medical attendance on the public institutions under their control at the lowest rate, and not unfrequently advertise to that effect in the public papers or otherwise.

Now we can look at such action under two aspects; as to the propriety of it on the part of these authorizing bodies, and as to its effect on the medical profession.

We take it, not a single member of such Boards would, in choosing a physician to attend on himself, his own wife and children, think for a moment of selecting that

physician who would merely agree to charge the least fees. Invariably he would take into consideration the standing of the physician in the community, the system of medicine he practiced, his general ability, his moral deportment, and his recognized professional skill. Not one of these things is looked at in what we shall call the "Cheap John" system of advertising for the lowest bidder. Thus, a plain violation of the Golden Rule, and an utter disregard of sound moral principle, where its neglect perils directly the health, happiness and life of their fellows, appear on the face of this action. The physician who abets it and sanctions it by sending in his bid, shares the moral turpitude it involves, and disgraces himself and his profession to a corresponding extent.

But, unfortunately, the results are not merely personal to himself. Respectable, regular and capable physicians, willing to do their duty fully and conscientiously, cannot, and they know they cannot, furnish attendance and medicine as cheaply as the less scrupulous competitor, who will give inferior drugs and pay hasty and superficial visits. The latter has the larger margin of profit to work on, and can underbid any honest rival. Hence we said, and we say it again, that in this race for what Thomas Carlyle calls the "cheap and nasty," the *meanest man always gets the job*. Of course, it is observed that these remarks do not apply to our correspondent. He apparently has no competitor just now. When some illiterate Thomsonian "yarb Doctor" comes to town, and underbids him before the Board of Auditors, he will rapidly become a convert to our views.

There is no lack of proof to show that the consequences we have just portrayed are not fanciful, but real; they are drawn from facts personally known to us. We have seen notoriously incapable and dissipated men placed in charge of county houses and small municipal hospitals, simply because they agreed to serve for lower rates than any respectable physician would or could. Thus hundreds of lives of the worthy poor were imperiled; the very class that depends on health for daily bread were ruthlessly exposed to reckless malpractice; and all because the Commissioners wanted to save a few dollars, and did so at the expense of their own morality, of the well-being of the poor whom they were appointed to care for, and of the general standing of the medical profession before the public. If this does not need reforming, not indifferently, but altogether, then no abuse does.

We recommend to our brethren in this country the words with which Dr. GARNIER closes a recent article on a cognate topic in *La France Medicale:*—

"Let us simply ignore those who would make of medicine a trade at reduced prices. They are the disgrace of the profession, and they soon lose the public esteem, for we can never make ourselves ridiculous by causing our services to be equitably appreciated. Great commercial houses which keep to the standard of their prices are so much the more solid and esteemed, and we ought to enjoy the same consideration."

SOME RECENT STUDIES ON THE BRAIN.

Within the last year very considerable strides have been made toward a better understanding of the cerebral functions. In the spring of 1873 Dr. FERRIER, physician to the West Riding Lunatic Asylum, published a series of experiments which, besides demonstrating that, under certain conditions, electrical stimulation of the convolutions may determine epileptiform and choreic convulsions, tended more particularly to establish the centralization of certain groups of adaptive movements in particular localities. Stated broadly, the motor endowments of the paws, legs, and tail in dogs and cats were found to be centralized in the "superior external convolution," immediately before and behind the crucial sulcus; while the fore part of the "middle external

convolution" appeared to govern the movements of the eyelids, eyes, and parts of the face; and lastly, the "inferior external" and "Sylvian convolutions" those of the mouth, tongue, and jaws. As regards the posterior parts of these convolutions, the movements obtained were few and less determinate, chiefly of the ears and head; while in his later experiments Dr. FERRIER is reported to have obtained indications of centres of special sense, sight, hearing, smell, in that situation.

These experiments were repeated in Germany without materially different results. But early this winter Dr. EUGENE DUPUY published a review of them, based on researches of his own, which tend to shake Dr. FERRIER'S conclusions. His own experiments differ in some important respects from those of Dr. FERRIER, and principally in yielding much less determinate phenomena, while they also suggest that the movements obtained by Dr. FERRIER are referable not so much to the convolutions themselves to which the electrodes are applied, as to the propagation of the electric currents to the nerves or ganglia at the base of the brain.

Very recently Dr. J. HUGHLINGS JACKSON, of London, has addressed himself to the inquiry as to what is the nature of the duality of the brain. His studies are largely clinical, and in his application of them he guides himself by the principles of psychology laid down by Herbert Spencer, especially as summed up in the following sentences from that author:—

"To remember the color red is to have, in a weak degree, that psychical state which the presentation of the color red produces. To remember a motion just made with the arm is to have a feeble repetition of those internal states which accompanied the motion, is to have an incipient excitement of those nerves which were strongly excited during the motion."

Dr. JACKSON distinguishes between the *automatic* and the *voluntary* revival of such images, and believes that one half of the brain is occupied with the former and one half with the latter task. Contrary to the opinion of most physiologists, he thinks that the *posterior* lobe of the brain, the region of the thalamus opticus, is that especially concerned with the revival of images, and in general with the highest intellectual operations. He next teaches that the left is the side for the automatic, the right for the voluntary revival of impressions, or for the function of recognition.

The clinical cases and pathological details on which he bases this interesting conclusion may be found in the *Medical Press and Circular* for January and February of this year.

NOTES AND COMMENTS.

Therapeutical Notes.

VOMITING OF PREGNANCY.

Dr. Atthill, in the *Medical Press and Circular*, says that the hypodermic injection of morphia occasionally controls the vomiting met with in pregnancy, or that which sometimes follows severe cases of *post-partum* hemorrhage. The formula which he now adopts for the solution to be injected subcutaneously is the following:—

℞.	Acetatis morphiæ	gr. viij.
	Liquoris atropiæ	♏. xlviij.
	Glycerini	♏.v.
	Aquam, ad	ʒ. iv.

Fifteen drops of this solution contains half a grain of the acetate of morphia, and about the fortieth of a grain of atropia.

IODIZED SYRUP OF COFFEE.

The syrup of coffee, according to Dr. Calso Ainé, is an excellent means of disguising the flavor of the iodide of potassium, and of rendering this valuable medicine palatable to patients. The following formula is given:—

℞.	Syrup of coffee	grammes, d.
	Iodide of potassium	grammes, xvj. M.

Take two to three teaspoonfuls daily.

Work and Age.

Dr. Geo. M. Beard's remarkable essay on "Legal Responsibility in Old Age," based on Researches into the Relation of Age to Work," has been republished in book form,

by T. L. Clacher, 107 East Twenty-eighth street, New York. We reviewed this Essay at some length, in the REPORTER, July, 1873, pointing out that the Achilles' heel of Dr. Beard's hypothesis lay in his assumption that the average longevity of men of genius is sixty-six years, and hence, in his comparisons of the relations of age to work, he fails to make allowance for the early death of many original workers.

Dr. Beard seems to ground this assumption on the singular argument that as sixty-five is the average age of the clergy, it is fair to assume that it is also that of other brain-workers, overlooking the obvious fact that the clergy are never occupied with original thought. Their duty and employment is the *confirmatio veri*, not the *inquisitio veri*, which is far more violent toil. Dr. Beard continues to repeat, however, that "no serious error has been pointed out in his calculations." *Quis credit, credat.*

Phosphorescence and Ozone.

A writer in the *Journal of the Scottish Meteorological Society* states that the brilliancy of phosphorescent bodies varies with the state of the weather; that the glowworm is more luminous in unsettled than in settled weather; and that the luminosity of the sea, produced, as is well known, by myriads of minute animals, especially the night-shining *Neries*, is a pretty sure precursor of storms. He has found that, when phosphorescence is scarcely perceptible or entirely absent, similarly the ozone-papers indicate a diminution or absence of ozone from the atmosphere.

The Physiology of the "Personal Equation."

In the nice calculations of astronomy it is found that two astronomers observing a star passing a meridian seldom agree as to the fraction of a second when the passage takes place.

This disagreement is known as the "personal equation" of observers, and due allowance is made for it in astronomical computations.

Dr. Sigmund Exner, seeking its physiological explanation, has tried to ascertain, by a simple apparatus, the time which elapses between the sensory impression and the motor act following it, viz., the time necessary to produce reaction. He tried to find out whether that time varied in different individuals; whether differences occur according as the impression is made on various parts of the body or distinct organs of sense; and whether that same time of reaction is influenced by given circumstances. It was found that the reaction time varied in different people between 0·12 and 0·35 of a second; these differences depending much on the age of the individuals. With quick and energetic people the reaction time is longer than with the phlegmatic, a result little expected.

A Bishop's Physiology.

Bishop Ferrette, of the Greek Church, delivered the last of his series of lectures to the Woman's Club of Boston, a few weeks since, setting forth some rather startling ideas. He thought that the time of majority with both sexes should be coincident with that of puberty, and that people should marry at that period. The parents, he thought, should have nothing to do with the matter, being unable to appreciate the feelings of their children. If people were allowed to marry at fifteen, says the Bishop, society would be relieved of much care in supporting them, and the moral tone of the community would be raised.

We recommend the Right Reverend Father to review his physiology.

On Moral Insanity.

In some lectures on insanity lately published in London, Dr. Edgar Sheppard considers the form known as moral insanity. It is beyond doubt, as Esquirol pointed out, that moral alienation is the proper characteristic of mental derangement. Whatever the difficulty in detecting hallucinations or delusions, there is no exception to the rule of perversion of the passions and moral affections. In cases of moral insanity it is important to inquire into the antecedents, personal and ancestral, of the individual. The insane temperament may be also of idiopathic origin. Its characteristics are vanity, restlessness, capriciousness, impulsive action with general eccentricity of thought and feeling. In *impulsive* insanity, as in *moral*, no delusions are to be found; there is impairment of volition, from perversion of feelings, desires and appetites. Where a homicidal act is committed, there is generally evidence of previous derangement. Epilepsy is often at the root of desperate attempts at homicide, an instance of

which, in a youth aged thirteen, is recorded. Both parents were intemperate.

In regard to the causation of the disease, he says: "A great many seemingly small and trivial circumstances go towards conditioning a disturbance which ultimately eventuates in disease." He lays great stress on the study of the natures of the young, their parental antecedents, proclivity and temperaments. A nervous child should be placed in a strong-minded family; that is, with those who have the will in complete domination, never allowing themselves to be betrayed into doubt or vacillation.

The Prevention of Consumption.

Dr. Paul Niemeyer, of Magdeburg, son of the celebrated Professor of Practice, has written an excellent little popular book on Consumption. He traces its chief cause to bad air, and dwells on the injury to health occasioned by causing children to sleep in apartments where the atmosphere, by reason of the impurities contained therein, is little better than an air cloaca. Dr. Düring, of Hamburg, both in private and hospital practice, has followed the rule of open windows by night. They do not appear to have got this length in Naples, where Dr. Cantani, in his rules for the prevention of phthisis, adverts principally to the exhibition of nourishing food, along with frequent doses of the lactate of iron and phosphate of lime, placebos for hæmoptysis and hectic fever and the like. He commends in general terms the country air, but does not advert to the condition of sleeping and living rooms, and the desirability of not infringing sanitary rules with regard to them.

Surgery of the Lungs.

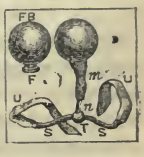
A novel and daring therapeutical procedure, addressed to pulmonic cavities, is reported in the Berlin *Klinische Wochenschrift*, by Dr. Mosler. He injected a disinfecting fluid through the thoracic walls in two cases where cavities could be distinctly recognized. The operation was not followed by pain or constitutional disturbances, and the results were favorable.

In a third case of phthisis of long standing, complicated with amyloid degeneration of the kidneys, a cavity was opened through the thoracic walls by means of an incision, in order to allow the free escape of the purulent contents. A tube was left in the cavity, and attached to the chest by means of strips of adhesive plaster.

A large quantity of purulent substance escaped through the tube, the cough gradually diminished, and the constitutional symptoms also begun to ameliorate as much as could reasonably be expected where the disease had gone so far. Inhalations through the tube of carbolic acid and iodine greatly diminished the quantity of the secretion, which now became good pus. The kidney-disease, however, made rapid strides, and the case proved fatal a few months after the operation. On *post-mortem* examination, it was found that granulations had begun to spring up from the walls of the cavity.

Staufer's Supporters.

Mr. Staufer, whose ingenuity in devising instrumental aid in diseases of women is already known to our readers, has made an addition to his series of supporters, as shown in the accompaning cut. The tube (*m*) screws into the globe, and in it, under cover, lies the spring. This spring is set in motion by the pressure of the uterus above, and it is a safeguard against any violence from outside. The small stem (*n*) has a slot, by which it is secured from being drawn out of the tube (*m*) and governs the distance it has to slide against the spring. The globe is to lean anteriorly, and the stem is curved after the form of the pelvis. There is a plug (*F*), with each one, by which the globe may be formed into (*FB*), and worn without the stem and bandage, as a change, or when the strong resistance of the uterus is overcome. The band and belt (*S S*) are as in his other devices. We can confidently recommend these inventions.



The Peoria Obstètrical Procedure Explained.

The quotation we made from a Peoria, Ill., paper in the Reporter, January 21st, is pronounced incorrect by a correspondent at that point. He states the lady was delivered, but the placenta not removed, "for some unexplained reason," until the next day, when ergot was given, etc., without avail. Then Dr. S. was called in, who found rupture of the womb on examining "in a very careful manner." It is to be hoped this is the correct version, but we confess the case seems to us still very obscure. The rupture must

have occurred on the day following the delivery. What caused it?

The Sanitary Interests of Immigrants.

The Supervising Surgeon of the United States Marine Hospital Service, Dr. John M. Woodworth, has published a pamphlet containing the report of an investigation into the treatment and condition of steerage passengers arriving at our ports. They were prosecuted last July, August and September, at Boston, New York, Philadelphia and Baltimore, and in such a manner that the real facts about the sanitary and moral condition of such passengers could be elicited.

It is gratifying to learn that although in isolated instances they fail to receive proper food and becoming treatment, yet on the whole they are as well off on board ship in these respects, as their class of persons on land. Especially the modern built iron steamers provide very good accommodations in the steerage. Ventilation is generally neglected, but this, at sea, is peculiarly difficult to manage. Various suggestions are made by which further improvements could be effected, and more complete separation of the sexes is enjoined.

State Medicine in Michigan.

Michigan is making an excellent record for itself in State medicine, under the efficient supervision of its State Board of Health. The Secretary of the Board, Dr. Henry B. Baker, is fully alive to the varied and profound questions, the solution of which can be obtained only by a scientific sifting of vital statistics. He has addressed a circular letter to the physicians of the State on returning cases of epidemic diseases, and the letter of instructions to the clerks of the local Health Boards is admirably fitted to bring into relief the most valuable parts of the facts they obtain.

How to Administer Large Injections.

Very large injections, half a gallon to a gallon, can be administered, says Dr. Wilbrand, by placing a patient upon his elbows and knees, so that the anus becomes the highest point of the intestinal canal. They are extremely useful in fecal accumulation, intussusception, lesions of the ilio-cœcal valve, etc.

Correspondence.

The Use of the Solar Ray as an Escharotic.

Ed. Med. and Surg. Reporter.

I have for several years used the concentrated rays of the sun in the destruction of nævi, warts, and other troublesome superficial growths of the skin, and find it a very convenient and efficient caustic. I have destroyed chancres with it, and find it also an admirable method for the local treatment of condylomatous growths of a syphilitic origin.

I am particularly partial, however, to its use in the removal of nævoid growths from the face. I think no other caustic leaves so little scar as this. It never gives rise to hemorrhage. The pain is not excessive and is not prolonged after its use. Inflammatory action and suppuration have rarely followed. The eschar drops off in from four to six days after the cauterization, leaving a surface which heals kindly and rapidly.

By a very little practice in manipulation, the solar caustic may be applied accurately to just so much of the surface as you may wish to cauterize and to no more. You may, moreover, limit its action to the slightest superficial blister, or you may make its effects penetrate to the depth of a half inch or more at one sitting.

I use a double convex lens, about two and a half inches in diameter and having a focal distance of nearly ten inches. This lens is mounted on a circular brass rim, having a short flat ebony handle. Having placed the patient in the direct sunlight, before an open window, the "focal point" can be directed at pleasure upon any part which you may wish to destroy. The tissues are destroyed almost instantly to the depth of the skin, with a slight snapping or crackling sound. If you desire, by a prolonged application, you may char the flesh to a considerable depth. By moving the focal point rapidly about over the diseased surface, you can go over no inconsiderable ground in a very short space of time. It is very interesting to see the rapid coagulation of the blood and the shriveling of the blood vessels in a nævus under this potent agent.

I have found the solar caustic useful also in repressing excessive granulations in a badly healing ulcer. You can destroy the granulations instantly, and you can limit the caustic action to such parts only as you may wish to touch.

This method of cautery, I am aware, is by no means a new one, but it is not to any extent, at present, in general use. It seems to me, however, that it presents the above mentioned advantages, in various superficial operations upon the skin and its morbid growths, and deserves a more general trial.

Ralph S. Goodwin, M.D.

Thomaston, Conn.

[While agreeing with our correspondent on the value of the solar cautery, we must add that great caution should be exercised in

using it in destroying nævi on the face. It is by no means easy to avoid leaving a cicatrice; and the employment of it in several cases, one upon a professional gentleman, has led us to believe that the pain is severe and not of brief duration.—ED. REPORTER.]

"Simple Vertigo."

ED. MED. AND SURG. REPORTER:—

Under the above caption, there appears in the MEDICAL AND SURGICAL REPORTER, of January 31st, 1874, a quotation of two extracts from a paper by Dr. N. Clifford Allbutt, published in the British *Medical Journal*, briefly reviewing two cases of "simple vertigo" so-called. I would offer the following as a solution of the pathological problem referred to in his paper. A large experience confirms the conclusion that a great majority of these cases are purely symptomatic, and not an affection of the cerebellum, or basic ganglia, as conjectured by the writer; and may be traced, mediately or immediately, to the disturbing action of uric, oxalic, lithic, or other acids held in solution in the circulating medium, through which a more or less profound impression is made upon the susceptible brain tissue, varying in intensity with the constitutional idiosyncrasy, or force of the exciting cause; thus developing the peculiar pathognomonic conditions so accurately described by the writer. The intellectual, so closely simulating alcoholic intoxication, without the corresponding constitutional disturbance, is a characteristic feature of this protean malady.

I add the notes of one, selected from many grave cases. Mr. A., æt. 76 years, large and fleshy, of uniform good health, a farmer by occupation, but retired, was seized with vertigo in the fall of 1872, of such violence as in many respects to resemble apoplectic fits, the paroxysms lasting from ten to thirty minutes. There was a manifest periodicity in the exacerbations, recurring about once a fortnight.

Treatment.—Indications suggested the use of such agents as were best calculated to neutralize and eliminate the *materies morbi*, correct the perverted functions of the stomach, bowels, kidneys, liver and skin, conjoined with proper hygienic and dietetic management. Under this regimen we enjoyed the gratification of seeing our patients uniformly restored to health. Respectfully,

A. R. LOGAN, M. D.

Milan, Rock Island Co., Ill., Feb. 10, 1874.

NEWS AND MISCELLANY.

Mortality of St. Thomas, West Indies.

This health resort shows, for 1873, 571 deaths in a population of about 14,000. The greatest cause of mortality among adult residents was consumption, a disease for which the climate is supposed to afford a remedy. There were no deaths from yellow fever during the year.

Jefferson Medical College.

The catalogue of the Jefferson Medical College, lately issued, shows a class in attendance, for the session of 1873-74, of four hundred and seventy-three students, the largest assembled in Philadelphia since the war. Thirty-four States of the Union were represented, and, besides, the following countries: Cuba, Porto Rico, Costa Rica, Mexico, Canada, New Brunswick, Nova Scotia, England, Scotland, Germany, Russia, India.

Philadelphia County Medical Society.

The next meeting will be held Wednesday, March 11th, at 8 o'clock, P. M. The subject before the meeting will be "The Philadelphia County Medical Society." The paper will be read by Dr. L. J. Deal. All regular practitioners of medicine are invited.

Cerebro-Spinal Meningitis in Illinois.

We notice in the Illinois papers that the cerebro-spinal meningitis is prevailing to an alarming extent in Green county. Nearly one hundred cases have resulted fatally.

The Quincy, Ill., *Whig* remarks, "Nearly every town in this State is just now enjoying the spotted fever and a religious revival." Possibly these simultaneous manifestations are not without relations.

Death from Religious Excitement.

The Rev. De Witt Talmage, of Brooklyn, is a powerful orator, and when on the subject of eternal punishment can literally scare a body to death. On Sunday, February 15, he dwelt on this interesting topic with all his usual vehemence. Among those present was a young lady who came to church apparently in her usual good health. At the conclusion of the discourse she fainted, and was carried out of the church. Before her friends could get her home she died. Coroner Jones held an inquest, which resulted in showing that death was caused by heart disease hastened by mental excitement. Such a mighty orator ought to be placed under sanitary supervision.

The Siamese Twins.

The published report of the examination, referred to in our last number, was, as we stated, imperfect and unsatisfactory. Further examination appears to have shown that the livers of the twins were united by a continuous band of parenchymatous tissue, whether properly and truly hepatic in structure or not remains still doubtful. Other relations were also noted. It is to be hoped that the gentlemen engaged in the dissection will finally present a full and accurate report of their labors; and it is to be regretted that they permitted such a defective and immature account to go forth as the scientific product of their work.

Personal.

Dr. August Hermann, senior surgeon to the hospital in Prague, and professor extraordinary of surgery in the University, died of hydrophobia on January 7th. He had been bitten slightly in the hand by a greyhound, about six weeks previously.

Dr. Radziejewski, *privat docent* in the University of Berlin, a young physician of great promise, has died suddenly, of apoplexy.

Dr. D. W. Streeter, of Chesterfield, Mass., was attacked while in bed, recently, by his negro man, "George," and seriously, but probably not fatally, beaten about the head with a short club.

Miss Mary Town died at Alburg Centre, Vt., a few days ago, from a dose of opium given her by mistake instead of rhubarb, by a man named Little, who was part doctor and part minister.

—Adulterators of milk in Illinois are likely to fare very badly, if the revised criminal code is adopted. One of its provisions is that whoever adulterates any milk with water, chalk, or other substance, or sells such milk, shall be confined in the county jail not exceeding one year, or fined not exceeding $500.

—The hydrate of chloral, which in 1869 cost eighty dollars a pound, so that each sleep produced by it could be reckoned at one dollar, is now advertised on the list of a German chemical factory at about two dollars a pound.

—The Bill for "the Promotion of Medicine and Surgery," lately passed the Senate of Illinois, is politely called by the newspapers of that State, the "Pauper Butcher Bill."

—The Philadelphia Dental College held its commencement February 27. The degree of D.D.S. was conferred upon twenty-nine graduates.

QUERIES AND REPLIES.

Query in Obstetrics.

MR. EDITOR:—Given a case of labor in a healthy primapara, æt. 37, full term, pelvis normal. The waters have broken spontaneously with the first pains; head presentation, and the position having been carefully diagnosticated, is found to be the *fourth*. Labor pains, after some six hours, come on strong, but the mechanism of the labor is abnormal. After 24 hours of strong pains, from which the woman has had no rest for the past 18 hours, the occiput is found to be directed posteriorly, and the forehead under the symphysis pubis, saggital suture not quite in the antero-posterior diameter, but slightly oblique, with the vertex a little inclined towards the left side. The occiput already presses against the perineum, and has greatly distended it. The forehead seems now almost wedged or impacted under the arch of the pubis. Pains, which have been strong for 21 hours (woman has been in labor 27 hours), have almost entirely ceased, and the womb seems in an atonic condition. Bladder and rectum have been emptied, and the condition of the woman is good, but much exhausted. Fœtal heart has been heard with difficulty all through the labor, supposed to be owing to the unusual position of the child. Motions of the child have been active, and generally felt on the right side and centre of the abdomen; child is, however, at this stage alive. Rectification of the position has been carefully tried, and even the vectis employed to assist in rotating the occiput under the arch of the pubis, but all without success!

What is the treatment in the above case?

What difficulties will be encountered in this delivery?

What is the prognosis for the child?

What is the prognosis for the mother?

St. Louis, Mo. T. G. C.

MARRIAGES.

BECKETT—DOWNS.—On the 19th ultimo, at the house of the bride's father, by Rev. J. Vansant, Albert T. Beckett, M. D., son of Wm. Beckett, Esq., and Miss M. Ella Downs, daughter of Rev. John W. Downs, all of Hurffville, N. J.

BROWN—MCNUTT.—By Rev. J. Mateer, D.D., on Tuesday morning, February 10th, Dr. J. A. Brown, Worthville, Jefferson Co., Pa., and Miss L. Jennie E. McNutt, New Bethlehem, Clarion Co., Pa.

GIBSON—CURTIN.—On the 18th ult., by the Rev. Samuel A. Wilson, assisted by the Rev. J. H. C. Dosh, Dr. William I. Gibson and Miss Annie A. Curtin, daughter of James Curtin, Esq., all of Baltimore.

HUNT—BLICK.—In Union Methodist Episcopal Church, Covington, Ky., February 12th, 1874, by the Rev. J. S. Chadwick, Mr. L. Judson Hunt, M. D., and Miss Isabella M. Blick, both of Covington.

HURD—VANDEVORT.—Thursday evening, February 12th, 1874, by Rev. Samuel Laird, at the residence of the bride's parents, Homewood, Pa., Wm. L. Hurd, of Boston, and Alabama, daughter of Dr. R. Vandevort.

STILL—HANDY.—On Wednesday, February 11th, by the Rev. John E. Price, James T. Still, M. D., of Boston, Mass., formerly of Medford, N. J., and Miss Elizabeth Handy, of Philadelphia.

THATCHER—BLAKEY.—At the residence of the bride's parents, on the 12th ult., according to the order of the Society of Friends, Jesse W. Thatcher, M. D., and Elizabeth S. Blakey, daughter of Parson Blakey, all of Quakertown, Bucks Co., Pa.

WELLS—IRELAND.—On the 23d ult., at the residence of the bride's mother, Germantown, by Rev. H. Hastings Weld, D.D., Dr. Howard Wells, U. S. N., and Fanny L., daughter of the late William Ireland, and niece of the officiating clergyman, all of this city.

DEATHS.

BEACH.—On the 7th ult., M. M. Beach, M. D., in the 50th year of his age.

BAYLES.—At Astoria, Long Island, on Tuesday, February 17th, 1874, Hersey Bayles, M. D., aged 75 years.

CLINKINBEARD.—On Saturday, the 28th ult., of scarlet fever, Daise, daughter of Florence and the late Dr. A. K. Clinkinbeard, aged 2 years and 21 days.

FAIRCHILD.—On the 24th ult., at Parsippany, Morris Co., N. J., of apoplexy, Dr. R. F. W. Fairchild.

HELFRICH.—On the 22d ult., Dr. Jacob S. Helfrich, of this city.

PALMER.—In Brooklyn, November 14th, Dr. David Palmer, formerly of White Plains, in the 84th year of his age.

THE

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Communications.

CASES IN MEDICAL AND SURGICAL ELECTRICITY.

NO. II—SURGICAL CASES.

BY GEORGE M. BEARD, M. D.

Of New York City.

Epithelioma of the Face, Originating in an Old Scar, Six Months' Standing, Removed by a Combination of Electrolysis of the Base and the Galvano-Cautery.

Captain D. was brought to me, April 27th, 1873, by Dr. Fessenden. The patient had a tumor that appeared to be an epithelioma, about the size of a small walnut, over the zygoma. It had developed from an old scar that had existed from childhood. When he was first brought to me the tumor had been in existence six months. It had been treated by caustics but rapidly recurred. I decided to treat the tumor by *electrolysis of the base*, combining with it the galvano-cautery, if necessary or convenient, and shorten the operation.

April 30th I operated, assisted by Dr. Fessenden, who gave the anæsthetic for ten minutes, with eighteen zinc carbon cells. I used my long cutting needle, passing one connected with the positive pole *under* the tumor near the edge, and another long cutting needle connected with the negative pole, also under the tumor, and parallel to the positive needle. The electrolytic action was moderately strong, and the growth was rapidly loosened. The positive needle became fixed in the tissue where it was imbedded, through the oxidization, as is always the case with the positive needle, while around the negative needle a yellowish foam appeared, caused by the mingling of the hydrogen evolved with the blood. The needle was very loose in the tissue, and I worked it slowly to the right hand and left until the tumor was undermined by the electrolytic action, and nothing removed but a portion of the skin. I completed the operation by a short wire connected with Byme's galvano-cautery battery. After the tumor was removed, I worked up the base, partly with the needles and partly by the heated galvano-cautery wire.

Both needles, positive and negative, were plunged into the base and edge of the tumor, into healthy tissue, until all was bloodless, charred and dry. Scarcely any blood flowed during the operation.

The patient was soon able to leave the operating room. Cold water dressing only was used. Some sloughing followed, and satisfactory granulation. In six weeks the sore had completely healed, with a moderate cicatrix, and at the date of writing, February 1st, 1874, ten months from the time of operation, there are no signs of recurrence. The growth was examined microscopically by Dr. Ormiston, and by him pronounced malignant.

This method of *working up the base* I devised in 1871, and have used it on a large variety of tumors, epithelioma, cystic growths and schirrus, and in different localities, as the face, neck, rectum, vagina and breast. It is, of course, indicated only in malignant growths, by which I mean growths that recur after removal. Benign tumors, as nævi, certain forms of cystic tumors, and goitres, are best treated by the ordinary method of electrolysis, that is by

plunging the needles into the body of the tumor.

When the method of working up the base is used, the body of the tumor may be removed by the knife, the ligature by enucleation or by the galvano-cautery wire. So far as the results are concerned, it matters not what method of removal is used. The important point is to thoroughly *electrolyze the base of the tumor and the surrounding tissue*, so that the chemical changes caused by the current may reach not only the diseased tissues, but also those tissues that are, so to speak, passing out of the healthy into the diseased condition.

I do not profess that this method, or any other method of electrolysis, has any constitutional effects against the cancerous diathesis, if we are to suppose that such a diathesis exists. Its effect is chemical and local. Its chemical effects are complex, and are essentially different from the effect of caustics or chloride of zinc, which have been successfully used in these cases.

Destruction of tissue is only one of its effects, and one which is of the least importance. Electricity acting on the tissues decomposes them, as no other force or agent can do, and with a variety of primary and secondary results, which can be only in part explained.

From my present experience with this method of working up the base, these provisional conclusions seem to me justifiable.

1. Malignant growths, epithelioma, cystic and schirrus, when thoroughly treated by this method, do not recur as readily as when treated by other methods, if indeed, they recur at all. A longer time will be needed to settle this question beyond dispute, for the obvious reason that after ordinary operations, a certain percentage of malignant growths do not recur. Several of the cases that I have treated by this method had been previously operated on by the knife and ligature, and the recurrence had been very rapid; these cases I have kept watch of since I operated on them by this method, and from times ranging between three years and three months, and at the present date there has been no recurrence in any case where it was possible to thoroughly use this method. In hopeless cases of cancer of the vagina and rectum, where it was impossible to use this method in its completeness, there have been recurrences; but even in these cases the rapidity of the healing has been most gratifying, and the growths have been kept back much longer than where the knife and ligature were used alone.

2. More rapid and satisfactory healing. This is observed, as I have stated, not only in the curable, but also in the incurable cases. In some cases, although the sloughing is quite extensive, the cicatrix is not large.

3. Less probability of shock and pyemia. These two bad results of ordinary operations have not yet occurred to me in any of my numerous experiments with the method of working up the base. In the case where I yielded my method to the knife, the patient died of shock, and in another case, where I yielded my method to enucleation, and neglected to work up the base, the patient died of pyemia.

I give these conclusions with reservation. I am still extending the field of my researches, and am now treating schirrus of the breast by the same method; as these tumors are almost sure to recur after ordinary operation, it will not take long to determine whether the advantages of my method are as great as I have suggested. The ordinary method of electrolysis does not accomplish much in schirrus of the breast, except to relieve the pain; but the pain can be relieved by simple external galvanization, without the use of galvano-puncture.

When *large* malignant tumors are treated by this method, it is a saving of time to remove the growth with a knife, unless, on account of feebleness of the patient, a shock may be apprehended, and then work up the base with my long cutting needle, or with the harrow electrode that I have devised for that purpose. When the growths are *small* they will fall off by the dissolving influence of the electrolysis, and the knife is not needed.

The following case illustrates what can be done for the relief even of hopeless cases of schirrus of the breast, by external galvanization alone.

Schirrus of the Left Breast, Apparently Following Injury; Some Subsidence and Relief of Pain Under Localized Galvanization.

Miss H., a maiden lady, about 35, residing in Springfield, Mass., was brought to me October 16th, 1871, by S. J. Holley. Three years before she fell and struck on her left breast; abscess followed; then a hard lump

appeared, then pain arose, then a tumor of considerable size was manifest, that was declared by a good surgeon to be schirrus. This was removed; then a tumor appeared in the right breast, subcutaneous in character. At the time she presented herself to us there was a reappearance in the left breast, and a subcutaneous tumor in the right, and some swelling on the breast bone between the breasts.

Localized galvanization of the tumors, and central galvanization to affect the nerve supply of the breasts, were used for two weeks, with the effect of relieving the pain and causing the tumor of the right breast to grow evidently smaller and softer. The patient soon left town, and when I next heard from her she was very feeble. She probably died of exhaustion. I had not at that time fully developed the method of working up the base, else I might, perhaps, have tried it, although the tumor was a recurrence.

In the following case the disease was apparently arrested by external treatment; at the date of writing the patient is still tolerably well.

Schirrus of Left Breast; Eight Years' Standing; Feeling of Weight and Pressure; Relief of the Unpleasant Symptoms Under Localized Galvanization, Faradization and Central Galvanization.

Mrs. M., of Philadelphia, consulted me October 24th, 1871. The lady was of middle life, and the meno-pause had recently occurred. For eight years she had been annoyed by a tumor that very many eminent authorities had pronounced schirrus in the left breast. It began with a small hard lump, and gradually but very slowly increased. The pain had never been very violent, but there was a feeling of weakness, of pressure and of debility in the left breast, that at times was distressing. There was a cardiac difficulty which aggravated the nervous symptoms. There was also insomnia and debility.

About a month before she consulted me there had been various signs that the tumor was on the point of making a new departure, and the patient was considerably alarmed. I treated her exclusively by external galvanization, with mild currents, about twenty-five times. The applications were made five or six times a week. The uneasy sensations connected with the tumor were relieved, and there was apparent arrest of its progress.

I have since heard from the patient, and the tumor, though still existing, does not cause her serious trouble, although the general condition of the patient is not good.

In cases like the above, it is, of course, impossible to tell just how much the apparent arrest of the tumor is the result of the treatment. There are some cases that of themselves stop at a certain stage, and are stationary for years. If this patient should ever reach that stage where operation would seem to be imperatively required, the method of working up the base would be appropriate.

Cystic Tumor of the Breast Treated by External Galvanization and Electrolysis—Great Reduction in Size and Apparent Cure.

Mrs. P., a lady of middle life, consulted me December 3d, 1873. The patient had a tumor in the left breast, of the size of a small orange. About two months had passed since it was first observed.

Both her family physician and another surgeon of eminence regarded the tumor as schirrus, and advised its removal.

The patient, I may remark, traced the origin of the growth very directly to a severe bruise of the breast from striking against a bed-post. When I first saw the case the tumor could be easily felt and grasped between the fingers, and seemed quite hard. The nipple was but slightly affected, and there was no involvement of the glands in the axilla.

There had been little or no pain, the tumor had not extended to the skin, and there was no discoloration; except by examination the presence of the growth would hardly have been suspected. The growth was quite movable.

The patient was of a very nervous temperament, and had suffered much from neuralgia. In spite of the lack of very severe symptoms I concurred in the opinion of her previous advisers, that the tumor was schirrus. The patient so dreaded the thought of the knife that she wanted to give electrical treatment a good trial.

I began with local external galvanization with moderate currents. After one week's treatment the tumor seemed looser, softer in portions, and a trifle smaller. Subsequent treatment added nothing to this apparent improvement. I therefore resolved to use galvano-puncture.

December 31st, I inserted two needles into

the part of the tumor that was most superficial; one needle was connected with the positive and the other with the negative pole.

Ether spray was used by Dr. Rockwell before the needles were introduced. The needles had not been in position more than five minutes *when a fluid as colorless as water began to flow out* of the places where they were inserted, and on pressure, the quantity that came away was much increased, and more or less flowed out during the whole operation, which lasted fifteen minutes.

When the needles were withdrawn, and pressure was used, still more fluid exuded, and the tumor had become reduced two-thirds in size. The tumor was evidently *cystic.*

January 2d and January 8th I again operated with my long cutting needle, without assistance and without anæsthesia, so as to reduce the tumor to a minimum, and if possible cause absorption or atrophy.

At the second operation a less quantity of fluid exuded, and still less at the third operation. The patient left for home. I occasionally hear from her, and up to the date of writing the tumor has not resumed its original size, and does not in any way trouble her.

In the above case one of three results are possible.

1st. The tumor may remain comparatively small, causing no annoyance to the patient. This result I have seen in other cystic tumors (though not in the breast), from the same method of treatment that was adopted in the present case.

2d. The tumor may again fill up with fluid, and may require a repetition of the same treatment.

3d. It may take on the schirrus form. It is, of course, possible that the cells of the growth may already be of a schirrus character. Even if it should prove to be a schirrus growth it would not follow that removal would be at once indicated.

I have seen one case where a tumor of an undoubtedly schirrus character kept almost stationary for eighteen years. It was then removed, and the base was worked up by electrolysis, for the reason that it was becoming adherent and painful. I have seen another case of malignant cystic tumor, where early operation was advised and adopted, and although every feature in the case was favorable for an operation, the growth recurred immediately, and the patient died. The above case, I may further remark, is of interest to surgeons as well as electro-therapeutists, as illustrating the necessity of preliminary exploration in all doubtful cases. None of us suspected that the tumor was cystic until the fact was revealed by galvano-puncture.

If in the above case there should ever be a rapid and ugly recurrence of the tumor, with threatening indications of any kind, the method of working up the base would be indicated, the knife or the galvano-cautery being used to remove the body of the growth.

I have here no space to discuss the rival theories of malignant growths.* I may simply remark that reasoning backward, from therapeutics to pathology, all my observations thus far seem to confirm the theory that cancer is a *local* disease, and excited by *local* injury of some kind, as blows, falls, and exposure to cold. The *tendency* to take on cancerous degeneration, on exposure or injury, may be constitutional and hereditary, but each manifestation of the disease is, for all practical purposes, local, and may, when taken in reasonable time, be cured by *thorough* local measures such as I have here described.

MULTIPLE ABSCESSES OF THE LIVER MISTAKEN FOR GASTRIC CANCER.

BY D. W. CRUMB, M.D.,
Of Preston, N. Y.

Read before the Chenango County Medical Society, Jan. 13, 1874.

On the evening of the 19th day of August, 1872, I was called to visit Mrs. F., a widow lady, æt. 66 years. In looking over her general history I found that she had been a resident of Connecticut until a short time ago, when she moved to our county on account of poor health, hoping that a change of climate might produce what the use of medicine had failed to do, that is, health, as she had been, as she termed it, a dyspeptic for years, and had taken medicine constantly, with little or no curative effect.

I found a patient emaciated; skin of a

* For the views of recent pathologists on this subject see "A Lecture on the Structure of Cancerous Tumors, and the Mode in which Adjacent Parts are Invaded." By I. I. Woodward, Assistant Surgeon U. S. A. *The Toner Lectures of the Smithsonian Institute*, Washington, November, 1873.

shrunken and bronzed cast; tongue coated with a yellowish-white fur; pulse 70, regular and full; pain in the stomach constantly, of a dull or oppressed character, except when overloaded, then acute and lancinating; bowels constipated; nausea constant; vomiting occasionally, with great retching.

On percussing over the abdominal viscera, I found an enlarged liver, and a tumor over the pyloric end of the stomach, which was very tender, and slight percussion produced great pain. The patient could not take over one fluid ounce of food without causing distress. The foregoing is from my note book, of the date of August 19th, 1872. In "Da Costa's Medical Diagnosis," under the head of Gastric Cancer, I find the following: "There is only one symptom at all distinctive of cancer, namely, the existence of a tumor, and this only so when it is joined to digestive troubles and to increasing debility."

I found in this case all of the symptoms of gastric carcinoma: tumor, pain, tenderness, nausea, vomiting, marked emaciation, cancerous cachexia, and a gradual increase of trouble for six or eight months, besides a tumor of the breast about the size of a walnut, that was very painful at times, and resembled a cancerous growth of that gland. I treated the case for a time with my remedial agents directed to the stomach and general system, counter-irritation over the stomach, and a nutritious diet, but with no improvement. Sept. 11, D. C. McFarland, our late president, saw the case with me, and verified my diagnosis and prognosis. At this time she was taking but little food, and anodynes were constantly required. Sept. 13 she refused both food and anodynes, and only took a teaspoonful of water as nature called for fluid. At this time I ordered hypodermic injections of morphia, enemas of beef essence, chicken broth, etc., with quinine every six hours. For a few days she had vomited occasionally. Sept. 18, vomited constantly, with great retching, which caused a copious flow of blood from the uterus, which had ceased to respond to nature's work 18 years before; and one peculiarity was that the blood did not coagulate, simulating a regular menstruation.

Sept. 19. Every symptom was of impending dissolution; pulse from 130 to 160, irregular; extremities cold. Evening. No pulse at the wrist; no pain nor vomiting; patient semi-comatose. I thought the patient moribund, and so told the friends. But before morning the bowels, which had for ten months been constipated, and only moved by laxatives and enemas, moved seven times, of a watery character, and of a yellow color, and one or two of them, the nurse told me, looked creamy. The evacuations were thrown away, so that I had no opportunity to examine them for pus, but I am quite sure that a large amount must have been discharged.

Sept. 20. She took a little liquid food, had but little pain, complained of a burning like that of scalding water over the pylorus.

Sept. 30. Made an examination by percussion. Liver thickened as before; could not find any tumor; but little soreness over the stomach. The patient gradually recovered her usual health, and remained so for a year, except two or three times she had vomiting when she had eaten some article of food which disagreed.

Oct. 22d, 1873. Again called to see the case. Found pain, tenderness and enlargement over the anterior portion of the right lobe of the liver. Could not discover any fluctuation.

Oct. 24. Acute peritonitis was well marked. Used opiates freely, also turpentine stupes. Nov. 1. She began to improve. Tympanitis subsiding; tenderness much less. Nov. 3. I observed that she was coughing very often but expelled nothing from the lungs. Nov. 7. I detected mucous clicks and rales, by auscultation, in the lower portion of the right lung. Nov. 8. She began to raise pus, yellowish and very offensive, and continued to do so until she died, at 10 P. M., Nov. 11, from pyæmia.

Sectio cadaveris, 18 hours after death. Body emaciated, except over the abdomen, where I found 1¼ inches of fat in the abdominal walls; evidences of old and recent peritonitis; all abdominal organs united together in one common mass; liver and diaphragm inseparable except with the knife; stomach atrophied, about one-half its normal size, and closely resembling an old chronic ulcer, such as we find upon the limbs of old persons suffering from varicose veins. There was not one particle of healthy mucous membrane to be found. Attached to one side of the pylorus by a pedicle about half an inch in length was what appeared to be a polypoid growth, about the size of a playing marble. Liver tender. Upon the convex surface of the right lobe was a large

abscess, extending through the right lung (which was attached to the diaphragm), to the bronchial tube. In separating the attached viscera from the concave surface of the liver I ruptured one that contained from 1½ to 2 pints of pus. The transverse colon was united closely to the liver, and in slitting it open I found three scars which resembled old cicatrices from abscesses; one of the same in the duodenum, and three without any connection with other organs on the under surface of the liver.

The left kidney contained upon its surface nine small abscesses, the contents of which was gelatine, or resembling it very closely. The medullary portion was healthy. The right, only three or four of the same character.

In reviewing the case, I find that friends from the east, where she resided, supposed that she was suffering from gastric cancer, as her attending physician had so stated to them. In going back still further, I learn from a sister that she was very sick when about 20 or 25 years of age, and it was called a disease of the liver, but of what kind she was unable to say.

There is no doubt in my mind but that this patient has suffered from hepatic abscesses for 40 years, and only succumbed when age was against her, and the powers of life were upon the wane.

DIABETES MELLITUS.

BY DR. L. S. BLACKWELL,
Of Bound Brook, N. J.

As the causation and nature of diabetes are enveloped in so much obscurity, and the treatment instituted by different physicians is so diverse and unsatisfactory, the disease is invested with great importance, and demands earnest and persistent attention and consideration on the part of the profession.

The comparative infrequency of the affection in early life also enhances the interest which attaches to the disease, and renders the following case one of considerable importance.

I was called, Nov. 2d, 1873, to see Rosie T——, aged 11 years. She had been treated by the attending physician three months for some cardiac disease, and with unsatisfactory results; the patient gradually grew worse. She was feeble, anæmic, and emaciated. Her pulse was weak, quick, and frequent, 168 per minute; rhythm of the heart regular, but there existed *decided* and *visible* pulsations in the carotids on both sides of the neck, and at times very manifest capillary congestion of the face, which occasionally assumed a purplish or mottled appearance on the cheeks. The hands and feet were cold, breath *fœtid*, urine apparently *natural* in *quantity*, with a specific gravity of 1020, and gave decided evidence of the presence of glucose on the application of Trommer's and Fœling's tests.

There was an increased desire to micturate, which had occasionally manifested itself for three or four years, disappearing under treatment directed to the liver or kidneys.

As the disease appeared to develop itself immediately after *exposure* to *cold*, when the body was overheated, the causation is probably due to this circumstance, or to the *farinaceous elements* which entered *largely* into the dietary of this patient.

M. Claude Bernard found that irritation at the mesial line of the fourth ventricle was followed by an increment of the glycogenic function of the liver, and an augmented flow of urine; that as the irritation was made nearer the origin of the auditory or pneumogastric nerve, so was the function of the liver or kidneys respectively increased.

If there is any weight in the hypothesis that some morbific element in the circulation produces an irritation on the floor of the fourth ventricle, there is ground for the presumption that it must have existed in the vicinity of the origin of the pneumogastric nerve in this case, as there was no apparent increase of the renal secretion, but the production of an excess of sugar, or a failure on the part of the proper secernent apparatus to dispose of it. If this conjecture be correct, may not the derangement of the digestive and circulatory functions in this patient be rationally ascribed to this irritation?

Pathology fails to furnish any constant lesion. In some cases the floor of the fourth ventricle has been found diseased; in others no abnormal appearance has been presented.

In accordance with the varying opinions of physicians relative to the nature of the disease, and with the view of meeting existing indications, a great variety of remedies have been recommended and prescribed with more or less benefit to the patient.

With the view to improve the quality of the blood, augment the secretion of bile,

lessen the excessive frequency of the pulse, and increase the arterial tension, I prescribed the following combination:—

R.—Tr. ferri chl.,	fl.ʒiij;	
Acid. nitro-muriat.,	gtt. lxiv;	
Tinct. digitalis,	ɱc.	M.

Twenty drops in a wineglass of water three times a day, before meals.

At the expiration of a fortnight the pulse was reduced to 85 and 75, and there was not as much capillary congestion in the face, but no marked improvement was visible.

The digitalis was now omitted, and the acid continued in the following combination:—

R.—Tr. ferri chlor.,	fl.ʒvi;	
Acid. nitro-mur.,	gtt. lxxx.	M.

Twenty drops three times a day. And as there was considerable restlessness at times, I directed a teaspoonful of valerianate of ammonia to be given occasionally.

On the first of December the pulse was much more uniform and stronger; no carotid pulsations were visible; the countenance was more natural and animated, and the general strength and weight of the body were increased. The tincture of the chloride of iron was now continued until Jan. 1st, when it was substituted by the ammonio-citrate of iron, and as the capillary congestions of the face were manifesting themselves a little, colchicum was added to this preparation.

From the commencement of the treatment, *saccharine* and *amylaceous* articles were mainly excluded from the dietary.

At this time (Feb. 3d), *very slight* flushes are occasionally observed, and the patient has improved very much in *flesh* and *weight*, appears to have almost entirely regained her normal condition of health, although the nervous system is still quite impressible.

Although hereditary influence is considered to exercise only a slight effect in the etiology of this disease, yet the occurrence of a *similar case* in the *same family* affords presumptive evidence that it does occasionally enter into its causation.

An older sister to this child had an attack of disease whose symptomatology appeared *identical* with the clinical history of this case, proceeding toward a fatal termination with the development of dyspnœa, orthopnœa, impairment of sight and hearing, ending in internal convulsions and death.*

* I obtained this information from the mother, a very accurate observer.

Hospital Reports.

CHARITY HOSPITAL, BLACKWELL'S ISLAND, NEW YORK.—SURGICAL CASES.

BY PROF. JOS. W. HOWE.

Lupus.

Gentlemen.—Some of you may remember the case I now present, and upon which I operated two weeks ago. The ulceration involved the eye and extended down to the supra-maxillary and molar bones. These bones were found to be occupied, in part, by a dense fibrous mass, and were removed. This diseased condition of the bones was merely a coincidence, and had no pathological relation with the lupus. The wound, as you see, has done well, though it is yet full three inches in diameter. I hope shortly to cover this surface by a new method I have under consideration, and which I shall mention to you again.

In respect to the relation, similarity and difference between lupus and other forms of ulceration, as epithelioma and rodent ulcer, I may say, lupus, under the microscope, shows an increase in the number of epithelial cells only in the glands of the skin and not in the meshes of the connective tissue. Epithelioma similarly examined, exhibits this increase through all of the tissues affected. Rodent ulcer has no distinct microscopical characteristics. Lupus begins as an aggregation of papules, which form a tubercle. This tubercle ulcerates and becomes covered by a yellowish scab. The scab peels off, revealing ulceration below. In process of time another scab forms, which also may fall off and so continue as long as the lupus lasts. Epithelioma, on the other hand, begins at some mucocutaneous orifice, as a wart or a fissure, but does not become covered by a scab as in lupus. The rodent ulcer begins as a hard tubercle, which softens in the centre. The ulcer thus formed extends in all directions, and invades even the bones. The edges of rodent ulcers are hard and indurated, whereas those of lupus are soft.

In lupus there is occasionally an attempt at repair, but in rodent ulcer this is never detected. Rodent ulcer occurs in the aged, from sixty to seventy, whereas lupus is in earlier life. The general course of both diseases is much the same, so much so, indeed, that some German observer makes no difference between them.

Scirrhus.

I now show you two cases of scirrhus of the breast, in different stages of the disease, on one of which I propose to operate. In the first one the cancer is commencing on the side of the breast. The other exhibits that kind known as the atrophic form.

We know no more now about the cause of cancer than we did one hundred years ago. An old theory was that it consisted of a poison taken into the system, which was eliminated at the site of disease. Later it was held to be a local heterologous growth, which secondarily affected the blood and vitiated the system. At the present time the same view is held, with the exception that, instead of being heterologous it is homologous, and that the cancer cells are only epithelial cells, especially resembling the epithelian structures of the fœtus.

Cancer consists of a mass of these cells and fibrous tissue. The cells being from one five-hundredth to one two-thousandth part of an inch in diameter, and contain nuclei, nucleole and granular matter.

The principal varieties of cancer are scirrhus and encephaloid. The colloid form is not acknowledged by all to be a malignant disease, though it does take on malignant action. Melanotic cancer is not strictly speaking a distinct variety, but merely one of the other kinds containing a deposit of pigment.

Scirrhus usually affects an organ whose function has ceased, as the mammary gland or uterus after the menopause. When it affects the breast, as in the two cases before us, it begins either as a nodule under the skin, or in the centre of the breast, or, as many of them scattered throughout. As it advances it grasps the tissues of the gland and causes contraction, resulting in retraction of the nipple. After six months or a year the skin yields, and a fissure is produced, which increases in size and leaves a large ulcerated surface. When a cancerous breast is incised it cuts hard under the knife, and presents a concave section. When this cut surface is scraped we get the cancer juice, abounding in cancer cells. These cells are, as I said before, in reality epithelial cells, though they may exhibit themselves as spherical, caudate, monopolar, bipolar or multipolar. They lie between meshes of connective tissue, though not connected with it as in some other forms of tumors.

Encephaloid, or soft cancer, is the most malignant form of this disease. It grows more rapidly and destroys life quicker than any other. It may occur in young patients, and is the form which attacks the internal organs and bones. It occurs in soft elastic tumors which resemble the brain substance in consistency. Under the microscope we have the same cells as in scirrhus, but larger in size. In scirrhus there is a large amount of connective tissue, but in encephaloid this is much less in quantity.

When encephaloid occurs in some organ beneath the skin the superficial veins become very much dilated. Gradually the skin breaks down and a fungus mass protrudes, known as fungus hematodes. What is known as colloid cancer in some respects resembles encephaloid. It is soft on section, but when closely examined we find alveoli from the size of a pea to the size of a walnut. These alveoli contain a transparent semi-gelatinous mass, abounding in nucleated cells, and another element known as the colloid globule. Colloid is often mistaken for mixonia, a tumor made up of mucous tissue.

Melanotic Cancer, as I said before, is not a separate variety, but its most distinctive form of occurrence is in superficial cancer of the skin, which is slow in progress and does not ulcerate.

Diagnosis. Cancer differs mainly from benign tumors, in being more rapid in its growth; in involving neighboring tissues, ulcerating and causing their absorption; in infiltrating the lymphatics and producing cachexia; in being hard and nodulated to the feel; and lastly, in returning in nine cases out of ten.

I propose to operate to-day in the case which you see before you. The breast, as you may observe, is nearly absorbed, the result of the atrophic form of scirrhus. In operating, it is necessary to remove the whole of the diseased tissues, even though there be not enough of skin left to cover the wound.

Make the lower incision first, as in this way you avoid, for the time, profuse bleeding, the larger vessels being distributed above.

(Dr. Howe now made an elliptical incision, commencing below, and extirpated the remains of the gland. The flaps, which were not sufficient to cover the wound, were brought together by adhesive plaster, and the wound itself filled with picked lint and carbolic acid, so as to allow it to heal by granulation.)

Abscess at Base of Neck.

I have a patient here that has rather an interesting tumor situated behind and at the base of the sterno-mastoid muscle. It began about six weeks ago, and is now commencing to give the patient a good deal of trouble from pressure on the nerves, vessels and trachea.

This may be an abscess of a gland, an aneurism, a fibrous or malignant tumor, an abscess from carious bone, or a gland enlarged from hyperphlasia. I do not think it is malignant, from the absence of cachexia, and the fact that though it is hard it is not nodulated. There is no pulsation in it, and the radial pulse is not affected; for this reason I hardly think it is an aneurism. It is not as a fibrous tumor, inasmuch as it has no regular boundary, and again the recent history points to some acute trouble, in all probability, inflammatory, from the pain which has existed in it from the beginning. However, an operation will settle it, and I shall be disappointed if I do not find pus, even though there is no appreciable fluctuation. If it turns to be an aneurism I shall be prepared to tie.

(Dr. Howe now exposed the tumor. It extended an inch above the clavicle. An incision was made through the sterno-mastoid muscle so as to divide it, and the finger inserted so as to define the tumor; in doing so the walls broke and the finger sank into a glandular abscess. The divided muscle was then united by a ligature, and a sufficient opening left for the pus to discharge through the superficial wound.)

Medical Societies.

NEW YORK STATE MEDICAL SOCIETY.—ANNUAL MEETING.

FIRST DAY—MORNING SESSION.

The Society met at Albany, February 3d, 1874. Dr. E. M. Moore, of Rochester, called the meeting to order.

The President then read his inaugural address, the amendment of the fundamental laws of the Society forming the general subject of the paper.

Dr. S. O. Vanderpoel read a paper on "Transmission of Yellow Fever and Cholera in their Relations to Quarantine."

The following papers were read by title, and referred to the Publishing Committee: "Bromide of Potassium for Nausea and Vomiting in Pregnancy," by S. Caro, M.D, of New York city; also, "Epistaxis and the Sulphate of Quinine," by the same gentleman.

Dr. W. G. Wheeler read a paper entitled "A Case of Fibroid Tumor of the Uterus." Referred to the Publishing Committee.

Dr. Wm. C. Wey presented, in behalf of Dr. T. H. Squire, of Elmira, a paper entitled "The Prostate Vertebrated Catheter," merely reading the author's abstract of the conclusions reached, including the principles involved in the use and construction of the instrument.

Dr. Vanderpoel also read by title a case presented by Dr. Wey, of Elmira, entitled "A Case of Acute Dilatation of the Stomach." Both papers were referred to the Publishing Committee.

Dr. Vanderpoel moved that an evening session be held, to commence at 7.30 o'clock, and that it be devoted to the report and discussion of the report of the Committee on Hygiene. Carried.

Dr. A. N. Bell, Chairman of that Committee, announced that the subject of the report would be "Defective Drainage."

On motion the Society then adjourned to meet at 3 P.M.

AFTERNOON SESSION.

The Society convened at 3 P.M., Dr. Moore, President, in the chair.

Dr. W. M. Chamberlain, of New York, read a paper entitled "Remarks upon the Application of Hydrostatic Laws to Therapeutics," illustrating it by appropriate apparatus.

Dr. Vanderpoel presented communications from the New York County Medical Society and from the Alleghany County Medical Society. They were referred to the Committee on the President's address.

Dr. James P. White, of Buffalo, read a paper entitled "Report of Two Cases of Chronic Inversion of the Uterus Successfully Reduced."

Drs. Quackenbush, Graves, and Ten Eyck discussed the paper.

The Chairman of the Business Committee read by title a paper upon "A Plea for Old Physic," by Dr. Wm. B. Sprague, President of the Genesee County Medical Society, this being his annual address before that Society.

Dr. C. A. Robertson read a paper entitled "Diagnosis in Eye Cases."

The Chairman of the Business Committee read by title a paper by Dr. John G. Adams on the "Life and Character of Alexander H. Stephens, M.D."

Dr. Low moved that a committee of three be appointed to invite physicians who are members of the Legislature to participate in the deliberations. Carried.

Dr. Vanderpoel moved that the morning session to-morrow convene at 9.30 o'clock. Carried.

On motion the Society adjourned to meet again in the evening at 7.30 o'clock.

EVENING SESSION.

Dr. A. M. Bell read his report as Chairman of the Committee of Hygiene. He said over twenty counties in the State had been heard from; and in each county a large ratio of the diseases prevailing were attributable to bad drainage. In Kings County over one-fifth of all the diseases present were due to imperfect drainage. English writers assert that where proper drainage exists, consumption has decreased over fifty per cent. This the Doctor thought might prove true in a degree in this country.

Dr. Moreau Morris, of New York, made a report of drainage in that county. He said statistics would show that one-fourth of all diseases in New York could be traced to the drainage. He mentioned many instances where old water courses had been filled up, and drainage turned in other directions. The dwellings along these courses were always the seat of miasmatic fevers and other diseases. Cerebro-spinal meningitis could be traced along these old water runs. He detailed many examples of continuous fevers and other diseases in modern dwellings, which disappeared by improving the drainage. Also some striking cases where water courses had been blocked up, and whole neighborhoods had suffered terribly from it.

General Viele, of New York City (Engineer of Central Park), spoke at length on the same subject. Saying that the water of the ponds and lakes of Central Park had become dangerous, at nightfall, from the miasma generated by the stagnant water. This was fast becoming a serious matter. Many fevers could be traced to exposure after dark on these waters. The outlet was bad. No provisions were made for a continuous supply of running water.

Dr. Guerney, of Dutchess County, mentioned the fact that a single stream had been blocked up for a few months, and the result was over twelve hundred cases of intermittent fever could be traced directly to it.

Drs. C. R. Agnew, of New York; John P. Gray, of Oneida; Snyder, of Montgomery; Moore, Sherman, A. N. Bell, and Morris, gave further examples showing how widespread was this evil, and recommending that legislation be

resorted to as a check to the recklessness of ignorant and designing men in this matter.

Dr. Wey moved that the thanks of the Society be tendered to General Viele for his valuable and eminently practical address. Carried.

SECOND DAY.

The Society met at half-past nine in the morning, and was called to order by the President, Dr. E. M. Moore.

Dr. H. Knapp read a paper on "Pathology of Tumors of the Eyeball," with microscopic demonstrations. Drs. Noyse, Graves and Rider discussed the paper.

Dr. Vanderpoel also read, by title, the following: "Hæmoptysis," by Dr. Leaming, of New York; "Report as Delegate to the Pennsylvania State Medical Society," by Dr. Caro, and "A brief and partial resumé of the Medical Society of the State of New York," by Dr. D. P. Bissell, of Utica. All were referred to the Publishing Committee.

Dr. John P. Gray read a paper on "The Pathology of Insanity."

Dr. D. B. St. John Roosa addressed the Society upon "The Relations of Syphilis to Aural Diseases." Dr. Graves remarked upon the paper.

Dr. E. R. Squibb read a paper on "Ergot and its Preparations."

Dr. J. Marion Sims moved that the paper of Dr. Squibb be published in the Transactions of the Society. Dr. J. P. White remarked that this was the usual course of papers. Dr. Squibb said that inasmuch as it had already been presented before a public Society, it would naturally be an exception to the usual disposal of papers. However, it would be printed in a pamphlet, with other papers, and within a month would probably be placed before each member of the Society.

The Secretary read the following notice:—Dr. John Swinburne requests the pleasure of the company of this Society, permanent and honorary members, delegates and invited guests, at an entertainment at the Delavan House this evening, immediately after the President's address.

Dr. E. R. Squibb made remarks on the use of the Hypodermic Syringe. Dr. B. F. Sherman spoke on the same subject.

Dr. J. V. P. Quackenbush, Chairman of the Committee on Publication, read the following report:—

The Committee on Publication would respectfully report that for the first time within their memory the Legislature has refused to make appropriation for the publication of our transactions. This placed this Committee in a position in which it was delicate to act, and the question naturally presented itself, "shall we initiate a new mode of publishing our transactions or shall we leave that to the action of the Society." We concluded to be guided by the Society and carry out their directions. We would state, further, that the County Societies of New York, Monroe, and some others, have lately offered to pay their proportion of the expense of publication.

Dr. Geo. M. Beard read a paper entitled "A New Method of Treating Malignant Tumors, by Electrolyzing the Base."

Dr. Robert Newman read a paper on "Electrolysis in the Treatment of Strictures of the Urethra." Both gentlemen exhibited instruments in illustration of their subjects.

Dr. E. H. Parker read a paper on "Sleeping Doctors," at the close of which the Society adjourned until 3 P.M.

AFTERNOON SESSION.

The Society convened again at 3 P.M., agreeably to adjournment. Dr. Moore, President, in the chair. Dr. Abram Jacobi read a paper entitled, "Embryological Demonstrations."

Dr. J. Marion Sims read a paper on "Fibroid Tumors of the Uterus." Dr. Graves made remarks on the paper.

Dr. Vanderpoel presented, by title, a "Biographical Sketch of Dr. R. S. Allen, of Saratoga," by Dr. F. B. Reynolds. It was referred to the Committee on Publication.

Dr. Ernest Krackowitzer read a paper on "Perineal Lithotripsy." Dr. Graves made a few remarks, but not being to the point of the paper was ruled out of order.

The President announced the following as the Committee on Hygiene, being the same as the one of last year with one exception; Drs. A. N. Bell, S. O. Vanderpoel, H. D. Didama, H. W. Dean, Stephen Smith, C. R. Agnew and B. A. Segur.

Dr. Ellsworth Eliot offered the following:—

Resolved, That the Committee on Hygiene have power to secure such legislation as in their judgment may be necessary for the promotion of the public health. Carried.

Dr. Coates, of Batavia, read a paper on "Urethroccle."

Dr. Geo. T. Stevens, of Albany, read a paper on "The Relation of Cardiac Diseases to the Nerves of Special Sense."

On motion the Society adjourned to meet at 8 o'clock P.M., to hear the President's address in the Assembly chamber.

THE PRESIDENT'S ADDRESS.

The members of the Society met in the Assembly chamber to listen to President Moore's address. The address was a masterly effort, and was listened to with marked attention throughout.

THE RECEPTION AND BANQUET.

The members of the Society, at the close of the address, proceeded to the Delavan House, where they were received and entertained in a handsome manner by Dr. John Swinburne.

LAST DAY'S PROCEEDINGS.

Dr. Gray, from the Committee on the President's address, made a report. It was mainly devoted to that portion referring to the publication of the transactions. It was discussed by Drs. Vanderpoel, Squibb, William Manlius

Smith, Quackenbush, Bell, Bates and Low. After a few alterations the report was adopted.

Dr. Squibb offered a preamble and resolutions, calling upon Congress to place the Medical Department of the Army on the same footing as that of the Navy. Adopted.

Dr. Vanderpoel read by title the following: "A Case of Tetanus after Miscarriage Successfully Treated by Chloral Hydrate:" also "A Case of True Bony Anchylosis of the Left Side of Lower Jaw Successfully treated by a Surgical Operation," with remarks by James L. Little, M.D., of New York. Both were referred.

Dr. Vanderveer read a paper on "Penetrating Gunshot Wounds of the Cranium," exhibiting a case.

Dr. McFarland read a paper on "Adjustable Dressings for Fractures."

Dr. Moreau Morris presented a fact falling under his observation, in illustration of a remark of the President in his address, that the average time required for an American to bolt his dinner was about six minutes, to the effect that at the hotel this morning he noted that a gentleman disposed of a full breakfast in two minutes and ten seconds, which is much below the average given by the President.

Dr. H. W. Dean reported, on the part of the Committee on Prize Essays, that but one essay had been presented for the Merrit H. Cash prize, and being a paper of merit, they recommended that the prize should be awarded to it.

The paper was on the subject of "Colles' Fracture," and was presented under the motto, "*Die Hoffnung Eines Armen Bedurftigen Teufel,*" (translated by Dr. Jacobi, "The Hope of a Poor Indigent Devil"); the author being Thomas K. Cruse, of Tarrytown.

The Committee recommended for the subject of prize essays, "School Hygiene in Reference to the Physiological Relations of Age and Sex to Mental and Physical Education."

They also solicited essays for the Brinsmade prize, upon any physiological, therapeutic or pathological subject.

The report of the Committee was received and adopted.

The following officers were elected:—

President, George J. Fisher, of Sing Sing.

Vice-President, Harvey Jewett, of Canandaigua.

Secretary, William H. Bailey, of Albany.

Treasurer, Charles H. Porter, of Albany.

This session of the Society was largely attended, and much interest was manifested, particularly on hygienic matters. The papers read by Dr. Vanderpoel, "On Transmission of Cholera and Yellow Fever," and that by Dr. J. Marion Sims "On Fibroid Tumors of the Uterus," were of high order, and elicited many compliments. The report on bad drainage was only partial, but it revealed a field of startling interest. Another year this report will constitute the most important feature of the Society. Dr. Vanderveer's paper and case of "Penetrating Gunshot Wounds of the Cranium" was very peculiar and caused some comment.

The Society decided to publish their transactions this year irrespective of the State. Altogether this session will be distinguished as a starting point in a new era of medical progress in the State.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, JAN. 28TH, 1874.—DR. HERMAN KNAPP, PRESIDENT.

Embolism of Pulmonary Artery.

Dr. Lente, of Cold Spring, N. Y., presented a specimen with the following history: On January 1st, 1874, a woman was thrown out of a sleigh and received a fracture of the tibia, which penetrated the knee joint, and at the same time received a severe injury on the chest, from the seat of the sleigh. On January 24th, three weeks after the injury, was sent for urgently, but in his absence his assistant visited the patient. She was found blanched, pulseless, and complaining of nausea and headache, and pains in different parts of the body. Brandy was given by the mouth and hypodermically. Some time after Dr. Lente arrived, and the assistant said that she had rallied, though even then she was nearly pulseless, and gave the signs of internal hemorrhage. The patient was attacked about one o'clock and died at seven. The suspicion flashed across Dr. L's mind that it was embolism of the pulmonary artery, from a strong impression left on him by a case of that class, a length of time before, but he was not decided about the diagnosis.

Autopsy thirty hours after death. The lungs were found engorged with blood, with the exception of a small space anteriorly. The pulmonary artery on the right side was completely plugged up by an embolus. On the left side the artery was nearly in the same condition, but it allowed a small amount of blood to pass. From this obstruction no blood found its way into the left side of the heart, and in this way all the symptoms of internal hemorrhage were produced. There was no appreciable dyspnœa.

The President asked if there was any injury to the sternum. Dr. Lente said there was none. The fractured tibia was put up in fixed dressing and was doing well. There was no lesion of the heart to account for the embolus. The brain was not examined.

Stricture and Ulceration of Rectum Relieved by the Operation of Lumbo-colotomy.

Dr. Erskine Mason presented a specimen with the following history:—

The patient first came under observation in February, 1872. Two years before this he had an attack of dysentery, and six months after the attack complained of pain in the bowel. About two months before he was first seen, noticed hemorrhage from the bowel, together with painful defecation. Shortly after this complained of severe pain in the middle of the sacrum, which extended down the thighs.

When the patient was examined he had an annular stricture three and a half inches from the anus. Dr. Lente, who is present here this evening, saw him at that time and also exam-

ined him. The severe sacral pain caused him to stoop when he attempted to walk. When he was first examined the stricture admitted the tip of the little finger, and was treated by bougies, but this had to be given up from the severe pain and hemorrhage which ensued. This was on the 31st of May, 1872. The diagnosis now was thought to be cancer. On the 20th of June Amussat's operation of Lumbo colotomy was practiced, an incision being made in the left lumbar region, the colon secured, opened, and the edges made fast to the integument. After the operation the patient was greatly relieved; for months he would be entirely well, but at times the old pain would come back for a few days and then disappear again.

It was found that when the irritation of defecation was removed from the stricture, both the ulceration and the stricture were improved, and in October, four months after the operation, a number ten rectal bougie could be introduced. When it was examined by the finger no trace could be discovered of the old stricture. Last summer pain again began, and another stricture was suspected. An œsophageal probang was introduced at the opening in the lumbar region, when a stricture was detected in the transverse colon. Patient also complained of pain during micturition. Yesterday the patient died, having lived one year, seven months and a day after the operation. At the autopsy the small intestines were found to be free from any disease. On the right side there were signs of old peritonitis, yet no peritonitis at the site of the operation. Peritoneal adhesions were found to have bound down the caput coli. The transverse colon showed a stricture caused by a band of strong adhesion at the site indicated by the bougie. The rectum scarcely showed any signs of stricture or ulceration. The gut below the operation was greatly attenuated, from loss of function. The bladder gave evidence of cystitis.

Dr. Mason said that he was glad that Dr. Lente was present, as he would be able to give his opinion of the case before the operation.

Dr. Lente said he recollected the case well; the stricture was so small that he was only able to get the point of his finger into it. He recollected also, that though there was no pain when the patient was examined, it came on afterwards and lasted for some days.

Epithelioma of Eyelid, Resembling Lupus.

The President, Dr. Knapp, called the Secretary to the chair, and presented a specimen, also the woman from whom it was removed.

The patient was 29 years of age, and for ten years had been complaining of an elevation below the inner canthus of the right eye. Under treatment this grew worse. Three weeks ago she presented herself to the Ophthalmic Hospital. An ulcer was found there, with the longest diameter of an inch, and the transverse of three quarters of an inch. The edges were uneven, the surface red, and bled easily. No syphilitic history.

The patient had also a tumor on the lower jaw, which Dr. Knapp thought was a sarcoma containing osseous spiculæ. This ulcer was either lupus or epithelial cancer. The English hold to the view of rodent ulcer, whereas the Germans adopt the view of cancer. Two weeks ago the patient was operated on, the ulcer removed, and the surface filled by skin from the forehead, by a plastic operation. When it was put under the microscope it was found to present nests of epithelial cells, proving it to be an epithelioma. Dr. Knapp had a specimen under a microscope for the observation of the members of the Society.

STATED MEETING, FEBRUARY 11TH, 1874.

Uterus Suspected to be Pregnant.

Dr. Finnel presented a uterus enlarged to four and a half inches, taken from a woman who died from peritonitis. A certificate had been given to the Health Department, stating that her death was due to inflammation of the lungs, and even at the autopsy the physician insisted that the uterus was normal. The suspicions of the neighbors were aroused, and the case passed into the hands of the coroner.

The os uteri was normal, notwithstanding its increased size. On section, traces of a membrane were discovered, but whether this was the result of membranous dysmenorrhœa, or whether it was a portion of the chorion, was unsettled. The fact of the death resulting from peritonitis strongly pointed to the fact that the uterus had contained a fœtus, and an abortion had been induced. The specimen was referred to the microscope.

Dr. Finnel also presented a specimen of epidermis from a boy who had been bathing at Coney Island. He had been exposed to the heat of the sun, and five days after the cuticle desquamated below the knees. It had the appearance of tissue paper.

In Dr. Finnel's first case, quite an amount of discussion took place as to whether the corpus luteum was that of pregnancy or of menstruation. Its size was about half an inch, and the general impression was that it indicated a conception.

Intussusception, with Polypus Protruding Through the Ilio-Cœcal Valve.

Dr. ———, of Newark, presented a specimen of invaginated intestine, extending for about four inches above the ilio-cœcal valve. Through the valve projected a polypus of about an inch in diameter, having a pedicle not thicker than a quarter of an inch. The history of the case was as follows:—

G. H., aged 70, November 19, complained of colicky pain at the epigastrium, but no abdominal tenderness. This colicky pain, however, continued. An opiate was ordered.

November 20, Pain easier, no tenderness, no evacuations from the bowels.

November 21st, Pain has disappeared; complains of nausea. An enema was ordered, which relieved the patient considerably.

November 22, Has stercoraceous vomiting, but unable to have a motion from his bowels.

Copious enemata of water were had recourse to, by means of the long rectum tube, but without benefit.

November 23, Less nausea.

November 24, 25, and 26, Not much change.

November 27, Tympanites.

November 28, Stercoraceous vomiting.

November 29, No improvement. Is now feverish.

December 1, Has had a light stool; is delirious; has taken some slight nourishment.

December 2, Died.

At the autopsy there were not any signs of peritonitis detected. There were some peculiarities about the case. There were no signs of diarrhœa early in the disease, though it came on to a certain extent towards the close; there was no hemorrhage throughout.

Cancer of Colon.

Dr. W. E. Hall presented a case of cancer of the colon. The only important symptom connected with the patient was progressive emaciation.

Cancer of the Liver.

Dr. W. E. Hall also presented a tumor of the liver which proved to be cancerous. The patient had been an inmate of Charity Hospital, Blackwell's Island, New York.

Editorial Department.

Periscope.

Diseases of the Chest in Children—Their Treatment by Blisters.

Dr. Daniel Maclean, of Glasgow, writes to the *British Medical Journal*:—

The object of this paper is to notice a method of treatment in diseases of children which is, so far as I am aware, novel, and which I have adopted in suitable cases with great benefit. It is a treatment for which parents have very often little partiality, but by which many lives will be saved; and if my views be correct, it is based upon a pathological groundwork, and explains numerous circumstances in connection with these diseases otherwise obscure.

The treatment which I would advocate over and above the special treatment to the chest proper, is the application of counter-irritation in the form of small blisters over the roots of the nerves going to the chest and those auxiliary to the act of respiration. The most appropriate spot for their application is immediately behind the ear, where there is naturally no growth of hair.

My reason for using this method of treatment is, because there is so much nerve-force acting in excess in diseases of the chest in children, as to influence to a very great extent their continuance and their result. It is with the object of getting rid of this *vis nervosa* in excess, that I recommend the adoption of this blistering treatment in the diseases of children. The results of my use of this style of treatment have been such as to justify me in advocating it as one of our stock methods of cure in diseases such as those which I mention.

It is not of value in every case of chest disease, nor in every stage of each case of chest affection. Speaking generally, it is only of value in disease attended with a permanent or prolonged irritation of the mucous and elastic minute tissue of the smaller bronchial tubes and tissue of the air-cells, such as is found in the acute stage of most diseases of the chest. I have used this treatment in many cases in different diseases of the chest in this stage of irritation, when the tubes are in the dry, congestive, or inflamed condition of the disease, and I find that the patient quickly improves; the respiratory murmur becomes soft, and the moist mucous *rales* are developed in a comparatively short time, before the child has become weakened either in body or in lungs. The convalescence is much speedier, with fewer fatal mishaps than took place previously from the full virulence of the complaint being only attacked at one point, viz., in the lungs themselves. All these diseases influence the whole body as well as the lungs, besides being themselves influenced and kept up by the general condition of the whole system, more especially through the agency of the nervous system.

I also use the blisters in the bronchitis of children, when I am called in the early stage of the disease, before the supervention of the moist mucous *rales*, notably in the first or dry feverish stage of the complaint. Bronchitis is a complaint occurring so frequently, that people become accustomed to it, and object to what they consider the cruelty of applying blisters to young children, and refuse to permit their application at the only time when they can be of use, but would often wish them put on in the advanced stages, when, instead of doing good, they do harm. Thus I have not had the privilege of applying them in all cases of bronchitis; but where I have had the opportunity, in the proper cases and at the proper time, I have invariably shortened the disease and had speedy recoveries.

In measles, also, blisters applied as I recommend are desirable. Although this is not strictly a disease of the chest, yet in

every case the lungs are involved as much as if the origin of the ailment had its seat there. When the disease has a fatal termination, it comes generally through some lung complication, or through some alteration of the cerebral centers, such as convulsions. The latter complication is not an accompaniment invariably attending measles, like the chest-affection; but nervous derangements occur so often that it shows an intimate connection between the two, and unmistakably points out for adoption the principle and practice I wish to establish. In measles, I generally apply the blistering treatment, both as a means of cure to the chest complication, and as a preventive to the development of cerebral symptoms. In all cases I look out for nervous symptoms, as I believe they always indicate a very severe phase of the malady. The sudden disappearance of the rash in measles is often followed by an outbreak of some affection of the brain. It is, therefore, at all times wiser to be prepared for such an emergency by the adoption of treatment which will have a tendency not only to prevent such an occurrence, but will at the same time relax the excited and congested bronchioles and air-cells. The same treatment by blisters holds good as well in cases of infantile pneumonia, during the first or congestive stage, when there is a determination of blood to the pulmonary capillaries and increased activity in all parts of the lungs. Of course, this treatment is founded upon the same principle as in the other diseases of the lungs, and is applicable to all diseases in which the same conditions hold good.

All the different diseases which I have mentioned, bronchitis, pneumonia, measles, and congestion, it will be observed, may be divided into two classes; those that begin in the lungs, and those that have their origin in the nervous system. But, although the origin is different, the result upon the lung in the first stage is the same, and justifies the adoption of the same method of treatment.

By this method of applying blisters behind the ear, I believe that I shorten the duration of the disease; reducing the length of the first stage, and hastening the recovery. The irritated condition of the minute tissue of the bronchial tubes and air-cells, with the determination of blood towards the parts, being removed, the moist stage of the disease is quickly induced; thus, generally, preventing the exhaustion of the body and lungs, which takes place if the disease be allowed to run its course, or if we must wait till it submits to our usual pulmonary remedies.

On Saponin as a Local Anæsthetic.

The *London Medical Record* quotes from Dr. KOHLER on this subject:—

Saponin is obtained from many plants of natural orders. Silenæ (*e.g.* Saponaria officinalis) the Polygalaceæ (*e.g.* Polygala senega) of the Spireæ (Rosaceæ) (*e.g.* Quillaja saponaria) and the Sapotaceæ (Cortex monesiæ); it is an amorphous white powder, with neutral reaction and sweetish taste; it is soluble in water, forming a foaming fluid like soap-suds. The experiments made on it proved its local effects, as well as those on the muscles and nerves of the extremities by subcutaneous injections, on the exposed hearts of frogs, on the intestines, and on the nervous centres by direct application to these organs; then the general effects from injections into the jugular veins; and lastly, the symptoms produced by its introduction into the stomach. The most important local effects are as follows. Five minutes after the application of a few drops of a concentrated solution, there occur perfect suspension of the reflex irritability of the part selected, and paralyses of both motor and sensory nerve-filaments. Shortly afterwards, the muscles of the part lose their power of responding to chemical, mechanical, or electric irritants; and this may occur somewhat independently of the nerves. The nerve-trunks, and afterwards the nervous centres, do not become affected till larger quantities of the solution are applied, and then probably by absorption, as the effects become general. The capillaries, at the spot selected for injection, become greatly contracted, and so do the larger vessels, such as the vena cava and aorta, when the saponin is applied directly to them. When it is applied directly to the heart, the beats of this organ gradually become less frequent, and then cease altogether. This effect does not depend upon irritation of the terminal branches of the vagi, but on paralysis of the accelerator nerves (sympathetic), which thus raises the 'tonus' of the vagus-filaments. Finally, paralysis of the cardiac ganglia themselves (*i.e.* of those imbedded in the muscles of the heart) ensues. In a like manner, direct application of the solution to the abdominal organs first paralyzes their muscles and then their nerves. Local application to the nervous centres induces, at last, complete paralysis of these organs. This spreads peripherally from the spinal cord; and, continuing to affect the medulla oblongata and the cerebrum, produces asphyxia (stoppage of respiration), deep coma, and dilatation of the pupils. The series of experiments made by injecting saponin into the vena cava of warm-blooded animals produced these effects; diminution of blood-pressure, succeeding a slight temporary increase of it; reduction of temperature and of the frequency of both respirations and cardiac contractions. The effects on respiration and upon blood-pressure are produced through the nervous centre for these functions. The spinal cord and the peripheral muscles and nerves are not paralyzed by these injections into the veins. Lastly, when saponin is introduced into the stomach, blood-pressure is reduced, and pulse, respiration and temperature all sink, though slowly; paralyses of the extremities (as in the injections into the veins also) does not occur in this case. No alteration in either

the quantity or quality of the excreta have been observed. Clinical practice only can decide whether saponin may play a great part in surgery as a local anæsthetic.

Erysipelas of the Pharynx.

M. Brouardel recently delivered, at the Charité, a clinical lecture on "Erysipelas of the Pharynx" (reported in the *Gaz. des Hop.*, January 13th and 15th), of which the following is a brief abstract, given in the London *Medical Times and Gazette*:—

Erysipelas of the pharynx, like that of other regions, commences with fever, which is soon attended by bilious vomiting. The earliest local symptom is enlargement of the glands, producing tumefaction at the angle of the jaw; and when this is not visible, the state of the glands should always be examined by palpation. Chomel attached great importance to this, insisting that sudden swelling of the glands, with shivering and vomiting, enables us at once to announce an impending erysipelas, although forty-eight hours may elapse prior to its manifestation. He was of opinion that such tumefaction of the glands actually precedes the erysipelas, while, according to Velpeau, with whom M. Brouardel is disposed to agree, this is only the sign of an erysipelas of the nasal membrane, which exists two or three days prior to its external manifestation. However this may be, this local sign is the first to announce erysipelas of the pharynx. Coryza and epistaxis are other signs; and whether or not Biett's views be always correct (as they are in the great bulk of cases), that ulceration always constitutes the point of departure of erysipelas, certain it is that in children, and especially such as are lymphatic, nothing is more common than scrofulous eczema of the nasal mucous membrane, which is the source of the erysipelatous attacks, which in them affect the face and pharynx. In children, also, erysipelas is announced by abundant epistaxis, which, however, is very rarely the case in the adult.

These phenomena may continue from twenty-four to thirty-six or even forty-eight hours, before the examination of the face or throat leads to the recognition of the nature of the affection. The fever commences suddenly, and often with a shivering, the importance of which is well known to surgeons. The pulse rises to from 100 to 140, and the axillary temperature sometimes attains, in less than twelve hours, 40° C. But this is not maintained, for it is lowered in the morning, and from the second day, by one or two degrees. The fever, therefore, is not continuous, an important point in distinguishing erysipelas of the pharynx from the angina of scarlatina. When the erysipelas is not invading, being limited to the parts primarily occupied, the temperature sinks suddenly about the sixth day, falling perhaps from 39° to 36° C. In these cases delirium is sometimes present, and M. Brouardel cautioned his auditory concerning the non-febrile form which this may sometimes assume, rendering it liable to be confounded with acute mania. He relates an instructive case in which a patient, suffering under this form of delirium in simple catarrhal angina, was consigned to a lunatic asylum, under the idea that he was laboring under *delire de persecution*. Sometimes patients suffering from erysipelas of the pharynx are plunged into an extremely dangerous adynamic condition.

The local signs of erysipelas of the pharynx, before it has invaded the face, are of importance as relates to diagnosis. The redness is of a purple hue, the surface of the pharynx being shining, as if covered by a varnish. The whole or only part of the pharynx may be invaded, and there is no line of demarcation as in erysipelas of the skin. The tonsils are red, but not swollen or projecting. Exploration is often rendered difficult by the thick adherent muco-pus, the swelling of the tongue, and the painful enlargement of the submaxillary glands. In some cases phlyctenæ are developed, which are globular in form, containing serous or sero-sanguinolent liquid. These are especially found on the pillars of the velum and the uvula. They burst in about twenty-four hours, the collapsed epithelium having very much the appearance of false membrane, which, if removed, is reproduced during several days.

The *diagnosis* of the erysipelas before it appears on the face may be difficult, and an error is of importance to the patient and for the reputation of his attendant. The angina of *scarlatina* at first bears some resemblance to it, the temperature rising in both to 39° or 40° C. in some hours, and the submaxillary glands are sometimes swollen. So, too, the redness may be confined to part of the velum or to the uvula. But in scarlatina the mouth as well as the pharynx may be invaded, the inside of the cheeks being of as bright red as the pharynx, while there is not the burning pain and difficulty in swallowing observed in erysipelas. The temperature, too, which in scarlatina remains high without remission, in erysipelas undergoes remissions. The pultaceous eruptions of scarlatina also cannot be confounded with the epitheliar pellicles of erysipelas. In *catarrhal angina* there is less burning pain, the color is less vivid and unvarnished, and there is no glandular swelling. The temperature never becomes so high as in erysipelas. In *inflammatory and phlegmonous angina* the tonsils, which are the chief seat of the affection, are swollen, and sometimes enormously so, while the submaxillary glands are usually but very little tumefied. *Herpetic angina*, if not seen early, may be confounded with erysipelas; but the lesions of the epithelium, which may be observed, remain limited and unaccompanied by the vivid redness of erysipelas, and the fever that accompanies them soon subsides.

The successive attacks of erysipelas which occur in scrofulous infants are never attended with danger. When, therefore, erysipelas has arisen independently of any source of

infection, and does not spread below the lower part of the pharynx, the progress is favorable, that is, providing no debilitating treatment, such as local bleeding and purgatives, be resorted to. Trousseau's expectant treatment was almost invariably successful, consisting at most in the administration of an enema or a dose of castor oil, keeping the patient in bed, not only during the acute stage, but during convalescence, for fear of relapse, and feeding him, even though fever or delirium might be present. Guillot also administered *vin de Bagnol* abundantly; and Jaccoud gives cinchona wine with the best results.

The Laws of Congenital Syphilis.

The following propositions are laid down by Dr. EVORY KENNEDY, President of the Dublin Obstetrical Society, in an inaugural address published in the *Dublin Medical Journal*, Jan., 1874:—

I have satisfied myself that syphilis is *par excellence* an hereditary disease.

That it descends from the father and the mother through the tainted or poisoned ovum in both.

That its transmission through the circulation of the mother by taint in the course of the development of the fœtus is possible.

That it may be transmitted in the secondary and tertiary stages, not in the primary, unless contracted *in transitu* at birth.

That it may be transmitted in these stages by either parent without the contamination of the other.

That it may be transmitted when the disease, although latent, evinces no evidence of its existence beyond the taint in the germ.

That there is a tendency in time for the taint to wear out, or the poison to become weaker in both parents.

That the life of the fœtus and the period of gestation become prolonged from month to month in succeeding gestations, until at length a living child may be born, perhaps in the eighth or ninth pregnancy. In such cases the poison is usually latent in the parent.

That syphilis is an occasional cause of barrenness in both parents, but more markedly in the male.

That generally it is not productive of interruptions to impregnation.

That the disease is under the influence of treatment in both parents.

That the proper time for treatment is before impregnation, and sufficiently long before to allow of the eradication of the poison, and a complete recuperative action being established and confirmed in the system.

That mercury, properly and sufficiently administered, followed by iodines and other alteratives, can eradicate the poison in one or both parents.

That its administration, to afford the greatest security, ought to be extended to both, although evidence of the poison be perceptible only in one.

That as the effect of mercurial treatment is so disappointing when administered to the female, in the progress of pregnancy, it should not then be had recourse to, unless the state of the mother herself demands it; as, for instance, on the occurrence of a primary chancre, or of urgent secondary symptoms.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The first number of the *Chicago Journal of Nervous and Mental Disease*, edited by Drs. J. S. Jewell and H. M. Bannister, presents a very promising appearance. The original articles are a lecture on the pathology of the vaso-motor nervous system, by Prof. Jewell, and the description of a case of syphilis with hemiplegia and aphasia, by Dr. H. W. Jones. The translations are judiciously chosen, and the reviews thoroughgoing. The periscopic department is also well worked up.

——The sixth annual *Report of the Orthopedic Hospital*, in this city, shows that during 1873 there were treated 305 new cases of deformity, and 256 cases of nervous diseases; total, 561; 58 surgical operations were performed, generally for the division of tendons.

——The third annual *Report of the Dispensary for Skin Diseases* states that during the past year 441 new patients were admitted, and nearly 3000 visits made to the Dispensary.

BOOK NOTICES.

The Physicians' Dose and Symptom Book, Containing the doses and uses of all the Principal Articles of the Materia Medica and Officinal Preparations, etc. By Joseph H. Wythes, A. M., M. D. Eleventh Edition, Revised. Philadelphia, Lindsay and Blakiston, 1874. 1 vol., 16mo, Cloth, pp. 236. Price $1.25.

This handy pocket reminder appears in the eleventh edition, compact in form, and carefully revised. There are times when it is very convenient as a work of reference, and as it is quite accurate as far as it goes, deserves as much popularity as any book of the kind.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 14, 1874.

D. G. BRINTON, M.D., Editor.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editor disclaim all responsibility for statements made over the names of correspondents.

NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

CAPITAL PUNISHMENT, AND HOW TO INFLICT IT.

When the true value of a human life is more generally understood, and when the public are sufficiently educated to understand the real purpose of punishment, we have no doubt capital punishment will be wholly abolished. Historians will class it among the obsolete devices of a barbarous age, and the gallows will appear to our posterity surrounded with the same associations with which *we* contemplate the rack and the torture chamber, once supposed to be indispensable aids to the administration of justice.

The founders of the city and the commonwealth in which we write this, long ago, two centuries ago, denounced punishment by death as unchristian, semi-savage, and needless to the ends of law. Although in the State where this doctrine was so early preached executions still occur, other States have been enlightened enough to recognize its injudiciousness. Maine, Michigan, and possibly some others, have for many years avoided, by technical ruses of the law, if not by direct enactment, recourse to this hideous alternative, and, so far as we have heard, without endangering the lives or property of their citizens.

If criminals are to be executed, at least the most humane and the least disgusting method should be adopted to kill them. And here the physician should be heard. The gallows, death by strangulation, is by no means that which deserves the ugly preference it has. Better suggestions can be made. A careful treatment of the question has been undertaken by Dr. ALONZO CALKINS, of New York, and his paper on "Felonious Homicide, its Penalty and the Execution thereof Judicially" (pamphlet, Russell Brothers, 17 Rose street New York city), deserves the attention of both jurists and sanitary reformers. The Medico-Legal Society of New York, before which it was read, ordered it for publication, and to this

extent endorsed its conclusions. These are briefly as follows:—

1. Penalty and punishment are to be distinguished.

2. The death-penalty, in design, is less the infliction of punishment upon the malefactor than the assured security of the public.

3. The foundation of the law versus homicide is the *lex talionis* of old; a law antedating the Noachic era by above a thousand years.

4. The *Precept* (*vide* Gen. ix, 5 and 6), improperly so styled, is the reaffirmation of an antecedent usage, minatory towards the offender rather than mandatory as applying to a people (*vide* the Septuagint).

5. The principle of even justice is repeatedly foiled in practice, inasmuch as the penalty falls rigorously upon some, disproportionately upon all.

6. Abrogation of the death-penalty altogether, or in case of the exceptionally flagitious, would endanger the revival of "Vigilance Committees," and lynch-justice, at the behest of a clamorous populace. (?)

7. The *gallows*, that stigma upon our modern civilization, was unknown in ancient Egypt, and equally so in Hebrew lands, although exposure of the body, pursuant upon either decapitation or strangulation, was a practice extensively obtaining.

8. In hanging, paralysis of the spinal cord, whether from *luxation* or *friction* of the cervical vertebræ, is an exceptional case, scarcely occurring in 10 per cent. of the instances (as appears from tabulations made by the writer of seventy-five of his collected cases); strangulation and a slow death is the normal result, and by the absurd New York model, always preferable would be the *bowstring*.

9. The *garrote* is effective, but superfluously complex.

10. The *guillotine*, a *chef d'ouvre*, artistically viewed, is objectionable in the moral view.

11. A most satisfactory *mechanical* alternative would be a simple *tourniquet*, having adjustable pads to compress the carotids and the deep jugulars.

12. *Chloroform* should not be degraded to such use; *electricity* would be unreliable.

13. A novel agent is here suggested; what might properly be denominated the *chemical agent*, viz., *hydrocyanic* or *prussic acid*. The pathological action (as demonstrated in cases of suicide), is a general paralysis of rapid progress, with *asthenia*, heart-death. This resort would fulfill these four prerequisite indications: *certainty* in action, with *celerity*, the anticipation of *pain* and every semblance of it, and a decorous *solemnity* maintained to the end.

14. We need a professional *bureau* and the abolition of *spectacular* parades of every type.

While individual points in these conclusions will not meet the approbation of all, few, we opine, will disagree with the general spirit that pervades them, and fewer still will question the propriety of abolishing the present modes of inflicting capital punishment.

THE HYGIENIC VALUE OF SUNDAY.

Those who have no conscientious scruples about working on Sunday, should at any rate recognize that the observance of the day by cessation from labor is altogether advisable on sound hygienic grounds. One reason why physicians are shorter lived than other professional men, doubtless is, that they cannot give themselves the needed relaxation of one day in seven. Just this amount and no less seems required by the human frame. After the Revolution of 1780, the French, in reducing everything to the decimal system, established every tenth day as the day of rest. The experiment failed, not for religious reasons, but because it was found that nine consecutive days of toil were too exhausting.

A guide who had crossed the plains to and from California, in the days when "prairie schooners," hauled by oxen, were the sole means of conveying merchandise, told us that some of the camps marched every day, and others rested on Sundays. The latter, he averred, always brought their teams into the Pacific settlements in fresher and better condition, and even as a rule made better time than the former.

The origin of the division of the week into seven days has often been debated by antiquarians. It was not peculiar to the

Israelites. Even the Cherokee and Ynca tribes of this Continent observed the same period. Probably the quartering of the lunar month suggested first this precise length of time. Certainly it is peculiarly suitable to the preservation of health, and the recognition of this fact must have been early, although, perhaps, not distinctly expressed. Many of the ancient theocratical usages were for hygienic ends, though this explanation of them did not belong to the exoteric creed.

Our thoughts were directed to this subject by observing that the Swiss Society for the Sanctification of the Sabbath offers a prize of two hundred and forty dollars (1200 francs) for the best essay or essays on the hygienic importance of rest on Sunday, especially for those engaged in laborious occupations. The following points must be discussed, in as popular a form as possible:—1. The favorable effects of such rest on the individual at different ages, and its influence on families and on nations. 2. The diseases which continuous labor provokes or aggravates in those whose occupations deprive them of weekly rest, for example, those employed in works that require constant attendance, workmen in certain manufactories, railway, telegraph, and post-office employés, etc. 3. The practical application of the facts ascertained. The essays must be written legibly in French or German, or accompanied by a translation into one of those languages; and must be sent before September 30th, to the President of the Society, in Geneva.

In this country there is too great a tendency to disregard the observance of Sunday as essentially and primarily a day of *rest*. Irreligious people attack it as a relic of superstition; many religious people seem to think that horses and servants at least do not need it for rest; and some others overwork themselves on it, out of ill-understood religious zeal. If its purpose as a hygienic measure were set before the public in proper terms, many would be willing to regard it properly who now violate it to their own and others injury.

Notes and Comments.

Mortality of Various Cities.

The *Popular Science Monthly* says: Dr. Charles P. Russell gives a tabulated statement of the mortality of the various States of the Union, from which we borrow the following regarding the death rates of various cities: The highest death rate in 1873 was exhibited by Memphis, where the deaths were 46.6 in each 1000 inhabitants. Other cities followed in this order: Savannah, 39.2; Vicksburg, 36.5; Troy, 34; Hoboken, 39.9; New York, 32.7; Newark, 31.6; New Orleans, 30.6; Boston, 30.5. The rate for Philadelphia was only 26.1; Brooklyn, 28·1; St. Louis, 21; Chicago, 27.6; Baltimore, 25.1; Cincinnati, 20.5; San Francisco, 17.2. This compares not unfavorably with the mortuary statistics of British cities, where the lowest rate was 21.4; that of London, Bombay and Calcutta, only 29.2 and 25, respectively. The highest known death rate prevailed in Valparaiso, Chili, 66.9.

Signs of Character.

A writer in the *Lancet*, Dr. W. Story, of Worcester, gives the following physical indications of character, drawn, he says, from a long experience:—

"A large occipital protuberance in both sexes indicates great vigor, and a numerous and physically strong offspring; a deficiency on either side, a variable offspring; a deficiency in both parents, a physically weak offspring. A large occipital protuberance and large testes, with deficient frontal development, may be combined with gluttony and sensuality; a large cerebellic development, with low retreating forehead, and small occipital protuberance and testes, indicates brutal sottishness."

On Ligating Teeth.

At the Alumni Association of the Pennsylvania College of Dental Surgery, held in this city February 27th, Dr. G. T. Barker read an essay on the new and old methods of correcting irregularities in teeth. The old methods, he said, were very intricate, were worn by the patient with extreme discomfort, and were difficult of application.

The use of plates to correct irregularities not unfrequently involved loss of articulation, and, in his opinion, the inclined plane should never be used. He used ligatures only in changing the relative position of the teeth, and he had found this method available in correcting almost any irregularity. He believed that ligatures were entirely adequate to either straightening or extending teeth.

Dr. Barker claimed that no irritation was produced by this method, and showed that the ligatures were so tied as to prevent their slipping up on the necks of the teeth.

The Permanence of Life.

The great poet of this generation has said, speaking with poetic foresight of the harmonies of evolution, "the individuals perish, but the race is more and more." A higher science speaks in favor of the view that conscious life cannot perish. In her charming "*Recollections*" that remarkable woman, Mary Somerville, says:—

"I firmly believe that the living principle is never extinguished. Since the atoms of matter are indestructible, as far as we know, it is difficult to believe that the spark which gives to their union life, memory, affection, intelligence and fidelity is evanescent."

The Eucalyptus Globulus.

The advantages of this tree as an antimiasmatic are abundantly proven. It is also of rapid growth and handsome appearance. The Department of Agriculture at Washington informs us that at present it has no seed for distribution. The tree, the Commissioner adds, will not grow where the thermometer falls as low as 37° Fahr. Experiments are making by the Royal Botanic Society of London to test this. The agricultural papers do not take the interest in the matter they would if they saw more "money" in it. This will come in time.

Dr. Goodell on Uterine Disorders.

This excellent series of articles, which has recently been closed in this journal, is now published in pamphlet form, and can be had from this office by mail. Price 50 cents.

We are happy to state that we are promised some further contributions on allied topics, ere long, by the same writer. Their worth and welcome are alike assured.

A Remarkable Recovery.

The Vienna *Medicinische Zeitung* contains an account, by Dr. WOLFENSTEIN, of a lady, sixty-eight years of age, who suffered from strangulated hernia. The lesion ran into inflammation and abscess, especially from neglect, and when the matter was evacuated by incision, fæcal liquid escaped with the pus. The swelling was situated in the left groin, above Poupart's ligament, and had involved the sigmoid flexure. Milk injected into the rectum reappeared at the wound, showing that the flexure was perforated. Severe sloughing came on, the femoral artery shared in it and was tied, but the patient, who fell into great debility, was kept up by stimulants. The usual antiseptic applications were used, and on the seventh day after the establishment of the artificial anus motions began to pass the normal way, and no fæcal oozing was observed in the groin. In ten weeks the wound was healed, and the patient quite well.

The English Contagious Diseases Acts.

These Acts, for the sanitary supervision of meretricious women, are constantly finding new testimony in their favor. At the recent annual meeting of the subscribers to the Portsmouth Royal Hospital, the chairman, Mr. J. Deverell, said that "he should consider it the greatest misfortune if the agitation which prevailed amongst a certain class of prejudiced persons, especially ladies, should cause the repeal of the Contagious Diseases Act. He had carefully watched the progress of the Act from the first, and he believed a greater blessing was never conferred on the army and navy." The Vicar of Portsmouth bore strong witness to the good done by the Acts in question. Why can we not have similar provisions in our large cities? Yet in Missouri they are trying to repeal the "social evil" section of the charter of St. Louis.

On Intractable Post-partum Hemorrhage.

Several writers in the *British Medical Journal* give their treatment of this complication. Two recommend an injection of the solution of perchloride of iron, one part to three parts of water. Another advocates the persistent retention of the hand in the uterus, at the same time placing the child or the nurse to the breast. A third urges the value of large doses of laudanum, sixty drops or so, with the like quantity of sal volatile.

Correspondence.

The Yellow Fever in Louisiana.

Ed. Med. and Surg. Reporter:—

This will inform your readers that the New Orleans Board of Health, which is composed of the most distinguished physicians of that city, have, during last summer, notified the public that the yellow fever, as an epidemic, has ceased to exist for the present, and is found only in sporadic form.

The average deaths from the disease in the last twenty-eight years, in Louisiana, amount only to about 0.19 per cent. of the floating population, namely, strangers, estimated in all to number, whites, five thousand per month, and the negroes five hundred per month, giving in total sixty-six thousand per annum. This excludes the residents of the State, who number at present about 829,429. It will thus be perceived that the mortality from all classes of fevers in the great outlet of human life in this intertropical State of North America is very small, constituting about 14.50 per cent. of the entire mortality, of which more than half, or 50.30 per cent. is from yellow fever, and including all other fevers.

That all fevers, including yellow fever, will be no more, in the course of time, as the laws of general and personal hygiene are applied to communities and individuals, we know from the result of actual experience. There is no doubt, as these improvements progress, yellow fever, as has already been remarked by professional men, will lose its individuality and become blended with other fevers once very distinctly marked. Even now a great many cases puzzle the most experienced physicians. Clearly an acclimating fever—probably the only acclimating fever known in the warm latitudes now—so indistinct are its features often, that many of the medical profession believe that it can be contracted more than once. But if the patient is properly attended on its first attack, through all its phases and disguised symptoms, it cannot be taken again.

This proves that yellow fever has been on the decrease, that is, contracting the sphere of country liable to be infected by it. For more than a century Louisville and St. Louis were included in the region of country, but for many years it has left that region and drawn itself within narrow limits. Within its present limits no quarantine regulations have been necessary to prevent its appearance, while all the towns situated in the region of country it has left have, for half a century or more, enjoyed complete exemption from it, whether they have a quarantine or not. So, also, it at one time extended as far north as Quebec, Boston, New York and Philadelphia, but for many years it has ceased to exist in those cities. That this exemption is not due to any quarantine regulations, is proved by the fact that the multitudes of towns and cities in the same latitudes unprotected by any quarantine whatever have been entirely free from it, as well as have been many villages of the State of Louisiana. Although cases have occasionally appeared on the arrival of strangers on board of vessels in the ports of the above cities, to assert the foreign origin of yellow fever, it requires as much positive information to assert its domestic orign; and it has its origin, not from contagion derivable from cases imported, but from local causes and general alterations and changes in the physical constitution of man.

Many writings, from Forti, Ramazzini and others, down to the present time, go to prove the identity of the febrile epidemics which have existed from time to time along the coast of the Mediterranean Sea, and doubtless those of our Southern cities acknowledge the same law.

J. B. C. Gazzo, M. D.

Louisiana.

Was it an Attempt at Spontaneous Version?

Ed. Med. and Surg. Reporter.

I was called, on the night of the 24th of Nov., 1873, to see Mrs. R——, a German woman, who was in labor. It was her fourth confinement. I arrived at the house at two o'clock A. M., and while warming learned the following history of the case.

She was first taken sick between three and four o'clock A. M., Saturday, 22d. The waters came away just at noon, Saturday, and she had been quite sick since. This made, if correct, sixty-two hours from the time of the rupture of the membranes until I got there. I found the woman with a fair pulse, and a good amount of strength.

The midwife explained her part thus: "When I had them send for you, I felt a foot. But at first I felt the head and told them that it was all right. After awhile (cannot say how long) the head went away and I felt the feet; then I told them something was wrong, and they must send for a doctor."

An examination showed the following peculiar position of the fœtus. First my finger came in contact with a foot in the right acetabular region, occupying the second position of Bedford, except that it was a little too much in front. The left foot was the lowest. Passing my finger further back, and to the left of the mother, it came in contact with the fingers of a hand, which hand I did not try to ascertain, and right with the fingers was the cord. There were no pulsations in it. Passing my hand further up, I found the head occupying the left iliac fossa. Externally there was a large protruding tumor hanging over the right anterior portion of the brim of the pelvis. The womb was contracted firmly upon the fœtus. The pains were good but short, and recurring once in 15 or 20 minutes. The indications were to bring down the feet and deliver.

[After explaining the manipulations used, by which delivery was effected, our correspondent continues:—]

I will make but few comments. If the

statements of the midwife were correct, that she felt the head (or perhaps some other part of the upper portion of the fœtus), and that after awhile that was gone and she felt a foot there, and, also, taking into consideration the position of the fœtus, it appears as though nature was trying to force down the lower extremities in order that the child might be born. I very much desired to see how much nature could accomplish, but feared the consequences of waiting when the labor had already been so long.

D. C. BENNETT, M. D.
Waterloo, Wis.

Obstetrical Anomalies.

ED. MED. AND SURG. REPORTER:—

I will give you the history of two obstetrical cases which I consider rather singular:—

CASE I.—Called last month to see a lady in her fifth confinement. Child born twenty minutes before I arrived; woman exsanguine. The midwife had broken the cord and tied it. I immediately introduced my hand to bring away the secundines, and found the placenta detached around the edges, but in the centre united to the uterine wall by a firm elastic tissue, about two inches in diameter and two in length. I could not, by any proper force, remove it. I administered secale cornutum, producing prompt and powerful action, but with no effect in removing the mass. I believe there was a vascular communication between the uterus and placenta through this septum.

CASE II.—I was called, in consultation, to see a colored woman who had been in labor several days. The os uteri was perfectly rigid, nor could I dilate it by any means, the woman all the time laboring with powerful abdominal muscular contractions. She died from exhaustion. The autopsy revealed the placenta-prævia-breech presentation, with the *disappearance of every vestige of uterine walls* except that covered by placenta. The abdominal muscles covering the child's head had been absorbed, leaving only the true skin between it and the world.

L. M. SENCENDIVER, M. D.
Darkesville, W. Va.

NEWS AND MISCELLANY.

Baltimore Medical Association.

The officers for 1874, recently elected are:
President, Dr. G. L. Taneyhill.
First Vice-President, Dr. T. F. Murdoch.
Second Vice-President, Dr. J. W. P. Bates.
Recording Secretary, Dr. W. H. Curry.
Corresponding Secretary, Dr. W. F. A. Kemp.
Treasurer, Dr. T. S. Latimer.
Committee of Honor, Drs. J. R. Uhler, A. A. Arnold, John Dickson.
Executive Committee, Drs. C. H. Jones, P. C. Williams, H. R. Noel.

Medical and Surgical Society of Baltimore.

The officers for 1874 are:—
President, Dr. John Morris.
First Vice-President, Dr. J. W. P. Bates.
Second Vice-President, Dr. J. A. Conner.
Recording Secretary, Dr. P. Dausch.
Corresponding Secretary, Dr. G. L. Wilkins.
Treasurer, Dr. H. J. Penrod.
Committee of Honor, Drs. D. W. Cathell, A. Friedenwald, J. R. Uhler.
Executive Committee, Drs. G. Liebman, S. H. Hamilton, W. W. White.
Committee on Lectures and Discussions, Drs. T. B. Evans, A. F. Erich, R. W. Mansfield.

Discouraging Emotional Insanity.

A bill to discourage emotional insanity with a homicidal tendency has been introduced in the Ohio Legislature. It provides that where insanity is set up as the defence in cases of killing, the prisoner shall undergo a preliminary trial to decide upon the justice of his plea, and the exact measure of his accountability. If he be adjudged sane, trial will, of course, proceed in the ordinary form, but if he be found insane he is at once committed to a lunatic asylum. Pending his incarceration therein the indictment still hangs over him, and if he recovers his senses he will undergo trial.

Tobacco as a Reformer.

The following is a copy of a petition now being circulated in Massachusetts for signatures: "We, the undersigned, citizens of Massachusetts, and consumers of tobacco, protest against any advance in the rate of tax on what we consider one of the necessaries of life and a great help in the temperance reform now going on in this State.

Segregation of the Criminal Insane.

A protest has been made to the Legislature of Pennsylvania by leading alienists in the State, "against the inauguration of any system looking to a provision for insane criminals in any one of the existing State Hospitals, or upon any part of the grounds of these institutions, as impolitic, unnecessary, and detrimental to the best interests of the insane." Separate institutions, it is urged, should be provided for this class.

—Professor Donders has been determining the time necessary for the transmission of sensation to the brain, the formation of judgment, and the transmission of volition to the hand. When the eye receives the sensation it requires .15 of a second, but when the ear is employed only .09 of a second is needed.

—Bisulphide of carbon vapor is recommended in the place of chloroform or other volatile liquid when used for the purpose of killing entomological specimens.

College of Physicians and Surgeons, New York.

The commencement of this Institution took place March 3, 1874, at Steinway Hall. The platform was occupied by the guests of the Faculty, among whom were Thurlow Weed, Professor McCosh, of Princeton College; Professor Chandler, and others of less note. The young gentlemen who graduated occupied the two first rows of orchestra chairs. The class of 1874 is perhaps the largest ever turned out by the College, numbering eighty-four members.

The following gentlemen received honorable mention:—Douglas R. Sutherland, Geo. W. Rachel, Isidor P. Obendorfer, R. H. Saunders, E. Casalduc, and Burnett C. McIntyre.

The Alumni Association prize of $200, for the best medical essay, was awarded to Dr. Albert H. Buck, for an essay on the "Mechanism of Hearing." The first Faculty prize was awarded to Henry N. Heineman, thesis, "Naso-Laryngeal Polypus," and the second to Charles H. Landon, thesis, "Aphasia." The honorable mention, theses: "Lister's Antiseptic Method," Douglas R. Sutherland; "Source of Muscular Power," George W. Rachel; "Cerebro-Spinal Meningitis," Isidor P. Obendorfer; "Acute Yellow Atrophy of the Liver," Robert H. Saunders; "Yellow Fever," Eduardo Casalduc; "Locomotor Ataxia," Burnett C. McIntyre. The prize for the best report of clinical lectures, a case of obstetric instruments, was bestowed on J. E. Stillwell, and the second, a student's microscope, was given to Wm. H. Walsh. A new prize of $100 was announced for the best thesis by an alumnus of the College, the subject for the first year, 1875, being "Hygiene in either of the Special Departments." The Otis prize, $50, was conferred on Frederick A. Lyon, for the best report of the clinics of his department, and the second best prize was awarded to E. B. Foote.

Mr. Porter Farley delivered the valedictory address, in which, after speaking of the duties attending the profession of medicine, he especially urged upon his hearers the duty of aiding the suffering poor.

Hippocrates vs. Hypocrisy.

The English *Chemist and Druggist*, a periodical of immense circulation, says, in a recent issue:—

"In the whole broad range of melancholy subjects of reflection which the British Press supplies, there are few things more pitiful than the never-ceasing struggles of the 'medicals' to get quoted in the daily journals. In their view it is high treason against the dignity of the profession that the author of a medical work should advertise it or get it reviewed in one of the lay papers, while the competition for corners in the *Times* among themselves leads them to adopt the most humiliating expedients."

What would that Journal think of a medical weekly which, taking advantage of a sensational medical topic, has itself hawked about in the streets by newsboys, advertised in the secular dailies, and sent to them for notice, all the while inveighing against physicians who add the necessary authority of their names to public sanitary instruction, or who are stated in official notices to be connected with some hospital?

The Perfume Vaporizer.

This was an invention of Mr. Rimmel, the well-known perfumer. Madame Celeste, who was then managing the Lyceum theatre, having asked him to diffuse the scent of the rose in a new fairy piece called "Chrystabelle, or the Rose Without a Thorn," he thought of applying steam to produce a rapid and powerful evaporation, as the smell of roses could not be produced by the combustion of aromatic substances, the only means known previously of perfuming the air. The experiment succeeded so well that the system was introduced in most theatres, concert halls, and ball rooms. It was afterwards applied to disinfecting purposes by substituting the essential oil of plants, chiefly those of the labiate order, like rosemary or lavender, for those of flowers. In this modified form it was adopted in the wards of several hospitals, and at the dissections of the Royal College of Surgeons, where it was found to counteract completely the disagreeable effluvia arising from the body, especially in warm weather. The perfume vaporizer has also been made in the shape of a marine lamp to hang in the cabins or saloons of steamers, to correct the nauseous smell which generally pervades them.

Oriental Wisdom.

We have often heard of the "wise men of the East;" but we never appreciated the fullness of their wisdom till we read a letter on the medical doctrines of India, by Dr. Hugg, in the London *Medical Times and Gazette*. He tells us that it was deemed *most unlucky* to summon a doctor away from his dinner, bed, the church, or the theatre; *most ill-omened:* an extraordinary and truthful fact which ought to be impressed on the minds of modern patients. To gain the confidence of families, the physician, clean and neat, should carry an umbrella, have an agreeable voice, a small tongue, strait eyes and nose, thin lips, short teeth, and thick bushy hair, which retains its vigor; he should have a knowledge of books, and be kind to his pupils.

—The Kentucky Lunatic Asylum has a farm of three hundred acres and a vegetable garden of sixty acres. The entire work of cultivation is done by the patients. The cooking and housework is done by the female patients, who also make all their own clothing and the underclothing of the men.

A Bad Case.

The following lucid statement of his case was lately forwarded by a patient to his medical attendant:—

"I have a very bad stomach and sickness about my hart and great heat rising up true me and sweeting in my face and at the but of the troth (throat) alys stifling me and all the trouble of the wourrld in it and verry bound in the bouls and a pain in my head, and i douse allways be incline to discarge my stomach, and i never can, and i have often a great griping and a great bast (?) in my lung, and i dose bi belshing up every minut."

Law and Medicine.

Smart young limbs of the law take great delight in puzzling a medical witness when he gets on stand. One such was cross-examining the celebrated French chemist Orfila, and put him the question whether he could state the precise amount of arsenic requisite to kill a fly. "Certainly," replied the expert; "but I must know beforehand the age of the fly, its sex, its temperament, its condition, and habits of body, whether married or single, widow or maiden, widower or bachelor."

—Dr. Edward Warren, formerly of Baltimore, Md., has assumed the duties of Surgeon-in-chief on the staff of the Khedive of Egypt. Since his arrival in Egypt he has rapidly gained the favor of the Khedive. Recently he was accorded the titles and honors of a bey by a special firman of the Khedive, issued as a reward to Dr. Warren for saving the life of the Minister of War by a surgical operation.

—A medical lady in Boston, Dr. Mary Safford Blake, is lecturing on dress reform. Her audiences are described as presenting a "very fashionable appearance."

—Dr. James Hildreth, an old and respected resident of Mansfield, Ohio, died at that city about February 14.

—A Coroner's jury in Chicago returned a verdict of "died from premature birth."

QUERIES AND REPLIES.

The Opium Habit.

A physician asks for suggestions to overcome the habit of using morphia, which he contracted by taking it for neuralgia.

Depilatories.

MR. EDITOR:—Can you recommend to me a reliable and efficient depilatory? B. D.

Rep'y.—Various recipes may be found in the Formularies, but in fact the right kind of a depilatory is no more to be found than a good hair restorer or dye. At a recent meeting of the Surgical Society of London, Mr. Wood said he knew of no pomade that will destroy the hair bulbs. In cases of plastic surgery he destroyed them *seriatim* by a dilute solution of nitric acid before operating.

Books.

E. P. R.—We recommend Allingham on *Diseases of the Rectum*, $2.00; Beard & Rockwell on *Electricity* $4.00.

C. von M.—The works you will find most suitable are "The Gold Headed Cane," "Physic and Physicians," and the various medical biographers.

Dr. T. W. B., of N. Y.—For the Toner Lectures address the Smithsonian Institute. Copies of the Medical and Surgery History of the War can no longer be obtained.

OBITUARY.

DR. FORBES WINSLOW.

This eminent alienist died in London, March 4. Though born in London, Aug, 1810, he commenced his professional education in New York, and continued his studies after his return to England. His anatomical knowledge was obtained under the instruction of Mr. Carpue, of the University of London, Drs. Turner, Elliotson, Quain, and Sir C. Bell. After obtaining his diploma from the Royal College of Surgeons, London, in 1835, he graduated M. D. at Aberdeen. Almost immediately afterward he was elected one of the fellows of the Royal College of Physicians, Edinburgh. In the year 1851, while acting as Vice President of the Medical Society of London, he was selected as the Lettsomian Professor of Medicine for the term 1851 and 1852, and delivered three admirable lectures, the foundation of his future celebrity, in connection with the treatment of diseases of the brain and mind. Metaphysical and philosophical by nature, he was, instinctively, as it were, led to make this class of study a specialty. The best energies of his great intellect have been devoted almost incessantly since to its elucidation, so that he has left this world with the well-earned reputation of a philanthropist, a scientist of the first order, and a professional expert of great knowledge and of undoubted probity and veracity. When the Earl of Derby was installed Chancellor of the University of Oxford, Dr. Winslow received the honorary degree of D. C. L. He was also a member of the Royal College of Physicians, London.

MARRIAGES.

BROWN—MCNUTT.—On Tuesday morning, Feb. 10th, by the Rev. J. Mateer, D. D., Dr. J. A. Brown, Worthville, Jefferson county, Pa., and Miss L. McNutt, New Bethlehem, Clarion county, Pa.

ERDMAN—KOHLER.—On Jan. 27th, by the Rev. S. A. Leinbach, Dr. J. D. Erdman, of Millerstown, Pa., and Maria J., daughter of the late Dr. Wm. S. Kohler, of Egypt, Pa. Ceremonies took place at the residence of the bride's mother.

DEATHS.

CATHCART.—On the 5th inst., Dr. Jas. H. Cathcart, late Captain of the Twenty fifth Corps, U. S. A.

HAIGHT.—On Thursday, March 5, at Pleasantville, Westchester County, N. Y., Dr. C. W. Haight, aged 51 years.

THE

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Communications.

PHYSIC AND PHYSICS.

BY CHARLES K. MILLS, M. D.,

Of Philadelphia.

Read before the Northern Medical Association, of Philadelphia, September 26th, 1873.

The terms "Physic" and "Physics" are both derived from the same Greek word, *phusis*, "nature;" but each expression, as commonly employed, has a distinct and restricted meaning. The former, in the sense used in this essay, is applied to the art of healing diseases; the latter, to that science which treats of the phenomena presented by masses of matter, particularly those changes of place and condition which bodies undergo without losing their specific identity; thus, for example, it embraces the study of matter as influenced by the molecular forces, by gravitation, sound, light, heat, electricity, magnetism, etc. The term "Natural Philosophy," is frequently used instead of Physics, both having the same general signification.

Hippocrates applied the term *phusis* to a principle supposed to influence all natural phenomena, whether observed in man or in the outer world, regarding this *phusis*, or "nature," as a sort of tutelary deity, promoting the good and redressing the evil in the physical creation. To-day, both physician and physicist are, or should be, pre-eminently students of nature, not as personified in a guardian genius, but as seen in the works and laws of the universe, in man and all other creatures. Both should go forth, finding "tongues in trees, books in the running brooks, sermons in stones, and good in everything." The names derived from the *phusis* of Hippocrates are still applicable to the medical man and the natural philosopher, although we no longer attach to "nature" the meaning of the "divine old man" of Cos.

Physic and Physics are intimately connected. Medicine owes much that is valuable directly to physical research; and anatomy, physiology, pathology, and even clinical medicine, have often contributed highly important hints and facts to the students of pure physics. Both the art and the science draw their best inspiration from the same source, experiment. Both are founded on the same immutable principles of nature, the same laws of truth.

It is my intention this evening to indicate a few of the many points of intimacy and relationship existing between the medical art and natural philosophy; to show, if possible, the great importance of the latter to the Doctor in medicine; to impress the fact that the physician can make frequent excursions into the realm of physical science, not only without loss to himself as a professional man, but with the certainty of decided benefit.

It would take volumes, instead of a few pages, to enumerate the special contributions of natural philosophy to medicine. I will simply speak briefly, and without any particular arrangement, of a few of the many facts which crowd upon the mind in this connection.

Physics, through the genius of Helmholtz, has given to medicine and surgery the invaluable ophthalmoscope, in which the principles of the reflection and refraction of light, and the formation of images, are so beautifully exemplified. It has thrown a flood of light upon diseases of the eye, through the classical writings of men like Donders and Von Graefe; writings in the main based upon a knowledge of the laws of optics. In an essay upon *Optical Defects*, read before this Association on another occasion, I endeavored to show that no one could justly claim to be an ophthalmologist who did not understand the properties of lenses and the refraction of the eye. It was in great measure owing to the neglect of physics in preliminary medical teaching, that the true explanation of those common optical defects, myopia, hypermetropia and astigmatism, remained so long unknown. Physics has here cleared the way to correct diagnosis and rational treatment.

This science has given to medicine the honor of æsthetic triumphs, as in the case of researches like those of Liebreich upon the *Effects of Faulty Vision in Painting*. Here we see the scientific surgeon becoming the guide and instructor of the painter and art student, in regard to the peculiarities of one of the world's great master artists; we see him explaining the so-called mannerisms of certain artists as due to defects in their eyes.

We cannot afford to neglect a science which, through such investigators as Stokes, Bence Jones, and Tyndall, has given to us the beautiful doctrine of Fluorescence, which has already done so much, and promises to do so much more, for the understanding of organic substances.

I have already spoken in this place of *spectrum analysis*, and its relations to medicine, and need here only allude again to its strong claims to the attention of physicians.

Polarized light has magical analytic powers, which have been used to unveil mysteries of structure that have resisted all other modes of examination, thus coming at times to the assistance of the physiologist and pathologist. It has been used, for instance, to determine the wonderful variations of density in the crystalline lenses of the eyes of animals.

Many practitioners, not yet on the down grade of life, can remember when the mention of electricity as a remedial agent would have called forth a sneer, or at least, awakened a smile. Although still involved in too much vagueness, and environed by too much humbug, it now holds a position of honor and respectability in therapeutics. It is also recognized as a highly important means of diagnosis. One reason that medical electricity, notwithstanding the discoveries of Faraday, Duchenne, Remak, and others, does not hold a more definite position in medicine, is, because medical students know so little about the principles of electrical science. Crude ideas of physics cause most of the imperfections, abuses, and failures of electro-therapeutics.

Chiefly to physics is due a new and admirable doctrine in regard to capillary blood-vessels. Even without the microscopical observations of Stricker, Prussak, Cohnheim, and others, "the mere progress of physics," says Simon, in Holmes' System of Surgery, "would have led us to doubt whether the walls of capillary blood-vessels could any longer, in the sense of 1850, be regarded as continuous stable partitions between contained blood corpuscles and surrounding textures."

That most interesting and promising physical instrument, the thermo-electric pile, has pretty definitely settled the meaning of the symptom "heat in inflammation," substantiating the views of Becquerel and Breschet, Simon and Montgomery, that an inflamed part is actively calorific, and overthrowing the authorities that, following the great Hunter, hold that an inflamed part is passive in the alleged change of temperature.

Delicate thermo-electric piles, with galvanometers, have also been used successfully on the outside of the head, to record alternations in mental condition; and here, probably, opens out an interesting field of future research in the physiology and pathology of the mind. The true psychology must be based upon physics and physiology.

Did time permit, I might, in this connection, speak at great length of such topics as medical thermometry, hydrometry, hypodermic medication, the use of atomizers, of Geissler tubes, which have been employed to illuminate cavities of the human body; of various acoustic instruments, and of a host of optical, electrical and other contrivances used in practical medicine.

Through physical studies we are beginning to understand that mind is simply a

force, the result of nervous processes, and especially of the action of the brain.

A knowledge of animal mechanics, and especially of the mechanism of the human body, is not only useful, but also absolutely necessary to him who aspires to truly deserve the name of physician. The Doctor should understand the living human body as a machine, in and by which certain physical work is performed. The grease which lubricates this machine, the shafts which enter into its construction, its nervous supports, its centre of gravity, its containing chambers, its arches, angles, and appurtenances, all should be known to him. To use the language of Dr. Arnott, a physician and natural philosopher, "the medical man, indeed, is the engineer pre-eminently; for it is in the animal body that the highest perfection and the greatest variety of mechanism are found." He should understand the machine, not only in its parts, in the material of which it is made, but also in its modes of action. He should be thoroughly versed in the dynamics of the human frame; and here forcibly appears the necessity of a study of physics. He cannot comprehend the principles of force as manifested in man, without an acquaintanceship with the principles of the manifestation of force everywhere. To be even an ordinary physiologist he ought to have a clear idea of the conservation of energy, and of the interaction of natural forces, doctrines the elucidation of which have been among the crowning glories of the present century. He should thoroughly appreciate the fact that the chemical, dynamic, thermic, electric, and photic phenomena of the inorganic world have their exact counterparts in organic nature; that, in the various transmutations of force, these organic and inorganic processes are interchanged.

As a source of mental discipline, physics, and particularly the mathematical aspect of the science, is of great importance to the disciples of the healing art. To one who has laboriously worked out some of the severer problems of mechanics, or conscientiously mastered some of the grand dynamical theories of philosophy, the otherwise difficult principles and precepts of medical practice become easily learned lessons.

In the training of what Professor Tyndall terms the scientific imagination, physics offers to the physician a source of benefit which is often overlooked. Not only in the higher walks of medicine, as in psychology but also in the lesser practical details of our profession, the "compact imagination" often comes into good play, enabling us to "see the invisible," and thus afford swift justice to our patients.

Many medical men appear to live in dread or doubt of those who pursue scientific studies, "as if medicine," to use the words of Golding Bird, "were the only science in which the element of excellence must consist in a profound ignorance of all other subjects." Even some of our great medical thinkers seem to fear that the art of medicine will be neglected, or too largely followed, if branches like physics are allowed to occupy an appreciable space in the mind of the physician or student. "It is undeniable," says the great Trousseau, "that the increased means of investigation possessed in the present day, by multiplying elementary facts, or at all events by rendering them more exact, does not fit the mind for producing more prolific, more practical, or more reliable manifestations of art." He reasons that the mind becomes indolent in proportion to the increase of scientific nations; that scientific processes assist art less than is supposed. He speaks of what chemistry has done for the science of colors; and yet compares unfavorably the artists of the present epoch with the old masters, like Rubens, Van Dyck, and Raphael. Why, he asks, does not the advanced to-day of medicine produce Baillies, Sydenhams, Yortis, and Stolls? He thinks that too large a space in the medical curriculum has been accorded to the preparatory sciences. He argues that our medical predecessors, because of their lack of resources, labored harder to originate, and with grander results, than the men of more modern times; their intellectual power gained by exercise, as the muscles of the wrestler acquire increased strength and firmness. "The very poverty of means," he says, addressing a class of students, "increased the intellectual efforts, and the results were immense, and you, surrounded by a profusion of means, spoiled, enervated, cloyed, with the abundance presented to you, know only how to receive and gorge, while your lazy intellects are smothered with obesity and are sterile."

This, gentlemen, is another side of the question, and words coming from such an

authority are certainly worthy of attention; but great men, especially if they happen to be born on French soil, are inclined sometimes to overdraw their pictures. Sincere as may be our respect for the illustrious Trousseau, let us not too quickly pin our faith to his dictum; let not his enthusiasm for hospitals and clinics, clinics and hospitals, lead us to overlook sciences like physics, which have contributed so vastly to our means of clinical instruction and hospital practice. Although medicine is more of an art than a science, yet pure science is the backbone of the art, and we must have, at least, a fair understanding of scientific theories, processes, and instruments, to be even respectable medical students.

I would not for a moment underrate the importance of clinical teaching. I would rather magnify its use and office. Without, however, a better knowledge of physics than is usually possessed by the American medical student, the service of the clinic and hospital must lose much of its value. In some cases, it happens, that the students may not even comprehend the meaning of the words employed by their teachers. To cite a single example of this truth, think of the absurdity of grave professors talking learnedly of the application of continuous currents, and induced currents, to listeners who, in nine cases out of ten, have no clear idea of the distinction between galvanization and faradization; who do not, perhaps, know the real meaning of the commonest terms in electro-magnetism, such as "quantity," "intensity," etc.

Trousseau's remarks may have been applicable to those he was addressing, but they would not apply with equal force to an American medical audience. Whatever may be the condition of affairs in Europe, our colleges are undoubtedly deficient in the character and extent of the scientific medical training which they afford.

Even in those institutions like the University of Pennsylvania, whose courses of instruction are ambitious in their proportions, some subjects have been excluded from the regular curriculum or from auxiliary departments, which should have an important place; while others have been given position and even prominence, which could be done without altogether. All the physics especially necessary for the medical student is supposed to be taught by the Professor of Chemistry, and yet his time is so limited that about half a dozen lectures are frequently all that he can devote to the subject.

Professor Huxley's opinion upon any educational topic is assuredly deserving of serious consideration. The distinguished scientist, moreover, has an especial claim to a hearing, when discussing medical education, from the fact of his having for many years held the position of Examiner in the University of London. According to Huxley, the best course for a medical college is one which would embrace and be restricted to the subjects of physics applied to physiology; chemistry applied to physiology; physiology, anatomy, surgery, medicine (including therapeutics), obstetrics, hygiene, and medical jurisprudence.

"I entertain," says Huxley, "a very grave conviction that any one who adds to medical education one iota or tittle beyond what is absolutely necessary, is guilty of a very grave offence." And yet in the same address which calls forth this emphatic remark, he recognizes the just demands of physics to a high rank in the regular register of a course in medicine; placing its claims above those of zoology, botany, and materia medica, which he would abolish entirely as branches of special medical instruction, not, however, embracing therapeutics under the head of materia medica. His opinion, too, on this question, gains additional strength from the fact that he would unhesitatingly strike comparative anatomy, his own particular pursuit, from the medical curriculum.

Whatever may be thought of the diverse arguments on this subject, all will, at least, agree that the medical man should strive to be fully worthy of his high vocation, of the titles by which he is known, and the respect in which he is generally held. "Doctor" has for its first meaning "teacher," and he who bears the title is always presumed to be erudite. He should possess a liberal education, also, in order to be deserving of the appellation "physician," derived from the comprehensive *phusis* of Hippocrates. He should not neglect a science, so much of whose lustre is due to professors of his own art, to men like Dr. William Charles Wells, the painstaking investigator of the phenomena of dew, and Dr. Julius Robert Mayer, the first to declare the absolute universality of the law of the conservation of force.

A REMARKABLE DOUBLE MONSTROSITY.

BY D. M. ELWOOD, M. D.,
Of Taylor's Island, Md.

The case of conjoined twins, known as "The Maryland Sisters," having excited much interest among my professional brethren in this vicinity, I send you, at the request of a number of them, a detailed history of the circumstances connected with their birth.

I was called, early on the morning of Feb. 4th, to attend the wife of Thomas Travers (colored), it being a severe case of dystocia. Reaching the house at three o'clock A. M., I learned that labor had begun some six hours previously, and had continued up to the time I saw her without intermission. A colored midwife was present, utterly at a loss what to do in the matter. On examination, I found the head of a child protruding. The neck was closely embraced by the vulva, which had apparently caused the death of the child by asphyxia. It had been a vertex presentation, of the occipito-pubic class, the back of the neck being squarely under the symphysis pubis. The midwife informed me that the head of the child had been in the same position for several hours, she having found it thus situated on her arrival.

On taking hold of the head, and using a considerable degree of traction, a new and peculiar sensation arrested my attention. I can only describe it by saying that it seemed as if the fœtus were grown firmly to the mother. I had previously delivered children weighing fifteen pounds, but never had hold of one that appeared so immovable as this. No force that I at that time felt warranted to use made the slightest impression on its position. I could not move it a hair's breadth in any direction. After some little difficulty I succeeded in extricating the left arm of the child, and in doing so obtained hold of another hand, which, however, I could not bring down any further than just to expose the hand to sight below the vulva. I had already begun to suspect, from the protuberances of the abdomen, that it was a case of twins, a point now made certain by the fact that both of the hands in view were *left* hands. Having disengaged the right hand and arm of the first child, I found it still as immovable as before, and supposing the head of the second child was also engaged in the superior strait, I passed my hand up the vagina in order to push back the head, if possible, till number one could be delivered. But I could find no head; nothing but the arm of number two, and *a something else*, whose character I could not well make out. There was also a something, as I ascertained by external manipulation, which felt very much like a head, lying at the left side of the maternal abdomen, *above* the superior strait. I continued to make strong tractions on the first child, which I could very well do by placing my fingers under the arms, but my efforts were entirely without result. The child still seemed grown to the mother.

The woman had a magnificent *physique*. She was large and well developed in every respect; had a roomy and well-formed pelvis, and had had five children previously, with a rapid and easy delivery in every case. The uterine contractions were all that could be desired; regular, energetic, persistent.

The true nature of the difficulty now began to dawn upon me, but, of course, I was in some doubt as to the best method of procedure. Here were two children, *of full size*, firmly connected together, the upper one lying *crosswise* above the pelvis, its shoulder and the ligament connecting it with its mate engaged in the superior strait, which was also occupied by the breech of number one. There were two methods of action: to sever the connection and deliver the children separately, or to bring down both together, if possible, by tractions sufficiently powerful. Neither mode was promising; and the former was attended with such extreme difficulty that I felt obliged to abandon it. The waters had been long ago discharged, the uterus was firmly compacted about every part of the double fœtus, the point of junction was still high up, and the vagina was completely filled with the body of the first child and the arm of the second. Only a finger or two could be made to reach the point at which the separation could be effected. The whole mass was perfectly immovable. To use a knife under the circumstances seemed a matter almost of desperation. To separate them would have been a tedious process at the best, and would have imperiled the life of the mother.

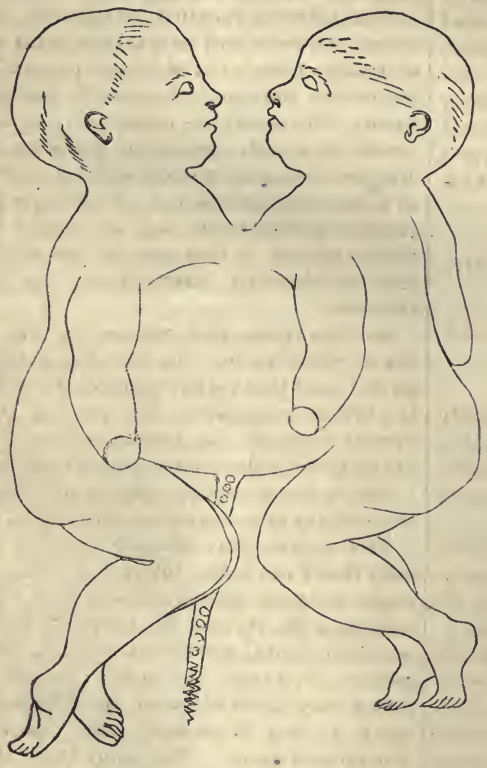
Ascertaining, therefore, beyond a doubt, that the first child, at least, was dead, I called for a strong cord, and was provided with a piece about four feet long, and four lines in diameter. Doubling this, I put it, with a

noose, about the neck of number one, and by this means was enabled to exert all the force which was permissible in the way of traction; but still it was of no avail. After wearying myself with repeated trials, I stationed the father at the foot of the bed, gave him the double end of the cord, and directed him to draw on it steadily and strongly whenever I should give him the word. This I did at every recurrence of a pain, assisting as much as I was able by drawing on the arm of number two with one hand, while supporting the perineum with the other.

We continued this process for twenty to thirty minutes, during which period some six or eight pains occurred, they still holding their frequency and power. Up to this point no progress whatever had been made, except in diagnosis, and in the extrication of the arms of one child and the head of the other.

Although nearly despairing of success by this method, I concluded to make one more trial, and, after allowing the woman a few minutes' respite, I again stationed the father at the rope, and on the recurrence of a pain told him to draw on it stronger than he had yet done. To my great relief the thing began to move. The body of number two, with the head and legs doubled back upon it, passed through the superior strait, and in the space of three or four seconds the twins lay before me, "large as life," but not quite as "natural."

The mother was comfortable at once. She had borne it all with the most unflinching bravery; had made no moan or complaint. There was less of hemorrhage than attends most cases of ordinary labor, no serious laceration of the perineum or any of the parts; the placenta came away kindly in a few minutes, and the woman recovered as rapidly as if no unusual circumstance had attended her parturition. She is now, three weeks from her confinement, about the house as usual.



The children were females, well formed and perfect in every respect, measuring eighteen inches in height, and weighing at birth about fourteen pounds. They were joined, facing each other, from a point just below the nipples to the umbilical cord. This (there was but one) issued exactly between the two bodies at the lowest point of junction. The bodies were in immediate contact for a space of between three and four inches from above downward, and about two inches from side to side. The strength of the connecting integuments may be inferred from the fact that there was but a slight rupture at the upper portion, although they bore nearly the whole strain by which the delivery of number two was accomplished.*

Could these children, under any circumstances, have been born alive? I think so. Had an intelligent accoucher been present at the beginning of labor, while pelvic version was yet practicable, and had he arrived at the correct diagnosis in season, I think he might have brought down the feet all together, and delivered the children simultaneously. The two bodies, or even the two heads, could

* We have appended to the above article an outline wood-cut of this monstrosity, from a sketch by Dr. Wm. J. Bowdle, of Church Creek, Md. The hands are not represented, in order to show the adhesion. Dr. Bowdle notes its similarity to that given in Ramsbotham, 2d Am. ed., p. 440.—Ed. Reporter.

have passed through the strait quite as well as did the body of number two in its longitudinal position. I should have tried that method, at all events, had I been summoned in season.

This case may be chiefly valuable as illustrating certain *possibilities* of delivery. Could we secure a *sufficient* amount of traction before a child is mutilated, might not craniotomy or embryotomy be sometimes avoided? According to my experience, the forceps, however skillfully applied, will slip before we can draw on them as forcibly as we would sometimes like to do. Why not pinch up a fold of the scalp, in a vertex presentation, using a pair of suitable forceps or pincers, and secure the traction by that means? The hold would be perfectly firm, and if the child were at all viable, it could certainly be brought down. Very likely somebody may have tried this, but I am not aware of its ever having been done. I have devised an instrument for the purpose, which I shall use on occasion.

A CASE OF DISEASE OF THE AORTIC VALVES.

REPORTED BY JOS. D. LOMAX, M. D., MARSHALL INFIRMARY,

Troy, N. Y.

The history of the following case, lately admitted into the wards of this hospital, may possess some points of sufficient interest to warrant a brief report of it being published in your valuable journal.

The subject of it was a male, aged forty years, single, of good habits, and by occupation a dry goods clerk. On admission he gave the following account of his case:—

In the middle of last July, while on his vacation, he had occasion to take an early stage to a point a few miles distant. During the journey he made an effort to indulge in a cigar, but he had not taken many whiffs before he began to feel a sense of nausea. He at once ceased smoking, but the stomach had become rebellious, and a most urgent desire to vomit soon followed. As there were several other passengers in the stage he did not wish to excite their disgust by the act of emesis; he fought against the desire, and finally succeeded in preventing it. But the effort, he averred, was the most desperate that he had ever made. This struggle continued about three-quarters of an hour, and was followed by a profuse cold perspiration "from every pore in the body."

When the patient arrived at Saratoga, his place of destination, he had nearly recovered from the immediate effects of the attack, and the remainder of the day he was able to spend in walking about the town. But during the night, though feeling as well as usual on retiring, he was seized with a most distressing cough, that continued to annoy him more or less until morning. So persistent and violent was this paroxysm, it greatly disturbed the occupants of the adjoining dormitories. Every night since he has been more or less annoyed with a cough, unattended by any expectoration.

The patient's vacation terminated in the course of a week, and he returned to his work, and aside from a slight impairment of appetite and the cough his health seemed as usual. But about the middle of August he found that such exercise as going up stairs and the lifting up parcels excited shortness of breath and palpitation. These symptoms rapidly grew worse, and no longer being able to attend to business he was admitted into the Marshall Infirmary on the 7th of October.

At this time the respiration was very much embarrassed; the face was pallid and puffed, and there was considerable edema of the lower extremities. On placing the ear over the base of the heart, serious disease of the aortic valves was at once manifest.

The patient rapidly failed, and died on the 19th, twelve days after admission.

The thorax was opened fourteen hours after death, and the heart removed. This organ weighed between fifteen and sixteen ounces, and, beyond an unusual size, presented nothing peculiar externally. On dissection, however, the aortic valves were found very much diseased, all of them being more or less thickened and opaque by fibrinous deposit. The conjoined attachment of two of the leaflets were, for a considerable distance, detached from the walls of the aorta, allowing the curtains to drop down below the level of the one retaining its connection. One of these valves was very much thickened, the deposit rendering it quite unyielding. It was lengthened, apparently from attachment, and also from its base to its free border. Its ventricular surface for nearly half of its extent was eroded; this erosion extended to the base of the valve, where it terminated in a fissure. On

its inner surface the delicate lining of the curtain was perforated at one point, and for a considerable distance from the edge of this opening the membrane was found, on the introduction of a probe, dissected from the subjacent tissue. When the valves were examined from above, before the aorta was laid open, the free border of this valve was found inclining downward, and on gently pouring water in jets into the vessel it was down against the walls below. This experiment seemed to explain the manner in which the erosion on the ventricular vas produced.

The other valves of the heart appeared healthy, and the walls of the different cavities of normal thickness, those of the left ventricle measuring about eight lines. The internal surface of the aorta was very red, but otherwise the vessel appeared to be healthy.

An interesting question in the history of this case is: What influence had the event of July over the progress of the disease. That it was not the exciting cause seems evident from the amount of pathological change which the valves exhibited.

If valvular disease existed before the effort to restrain vomiting was made, and if the strain had no deleterious effect on its progress, to what then was due the sudden outburst, so to speak, of the disease, and its rapidly fatal termination?

That cardiac disease should develop itself so insidiously that the subject of it failed to suspect its existence until considerable damage had been done to the parts affected, is not remarkable. But that it should terminate fatally within two months from the manifestation of the first symptom, is not a common event in the history of aortic valvular disease.

It should be added that the patient stated that he had never suffered from rheumatism, never having had even a pain or ache about any of the joints, and that he had never known of a case of rheumatism in his father's or mother's family.

Case of Longevity.

Dr. N. J. Swaney, of Tennessee, sends an account of a colored man, Foster Goodall by name, said to be 112 years old. He was born in Albemarle Co., Va., and is still living with a daughter of his former master in Tennessee. These ancient colored individuals are generally too vague in their computations to be depended upon, but he may be an exception.

Medical Societies.

MEDICAL BOARD, EASTERN DISPENSARY, NEW YORK.

STATED MEETING, FEBRUARY 12TH, 1874.

(Extract from the Minutes.)

[*Note*—Dr. O'Sullivan desired to say, at the last meeting, the boy, fourteen years, fractured condyles, had been nearly six weeks in care of another practitioner, with result, anchylosis, as stated when it came into his hands.]

Responsive to request, last meeting, Dr. Mitchell returns the case of a Comminute Fracture, etc. etc., Miss Joanna Fitzgerald, who, being present, demonstrates the improvement following daily movement with the injured arm, by means of rope fixed at a point vertical. Since last meeting there would appear to be a gain of at least 15° in the antero-postero motion.

He also would report for the case of Incised Wound Tendo-Achillis, Jas. E. Ray, as self-discharged. Patient attending to his daily business with or without a cane or other artificial support.

Dr. Mitchell then introduced the following case:—

Rodent Ulcer, Tertiary.

The patient, Frederica Schlicht, 47 Rose street, aged 33 years, married, no offspring, residing with her husband, now present, verifies the following history:—

Presented herself January 23d, 1874; ulceration had progressed from above downward, commencing about one year ago in "a pimple," midway between the inner canthi, and over the point of departure, downward of the perpendicular plate, from the horizontal or cribriform plate of the ethmoid, progressively destroying the skin and fascia; exfoliation of nearly all of the perpendicular plates, and perhaps parts of superior and middle turbinated bones, followed, producing a considerable cavity between the eyes, and a consequent prominence of the "bridge" of the nose or nasal bones.

About two months before these observations were made, the ulceration had shown itself in the lower part of the cartilaginous septum or columna, rapidly destroying all tissues, converting the two elliptical orifices of the base into one ovoid aperture, attacking the left alæ, and laying open the nasal fossæ and the vomer, accompanied with copious, foul, grayish discharge, and torturing osteocopic pains.

At once commenced (January 23d, 1874) with cod-liver oil, whisky and port, beef essences and beef tea, ad libitum, externally, carbolic acid and glycerine, with a slight amendment in avidity with which the disease ate up the tissues.

Finally, about the first week in February, from a largely concealed statement, the history not satisfying the close observer till then, the diagnosis was definitely made out as tertiary syphilis, and on February 7th, 1874, commenced potass. iodid., in forty grain doses, thrice daily.

In two days the dolores osteocopei had so far disappeared that natural sleep ensued, and has since occurred daily. About the 10th of February reduced the dose to thirty grains, thrice daily, adding hyd. biniod. 1-32 grain.

Dr. Brekes thinks it resembles lupus exedens; has had several cases; he removed the crust or scab, and applied nitrate of silver. Suggests the nasal syringe as useful; thinks it specific. Endorses large doses iod. potass. Relates cases where, for a period, five to ten grain doses four times daily were ineffectual, whereupon the dose was increased to sixty grains thrice daily, for four or five days, then reduced to one drachm daily, with the best results.

Dr. Raphael relates a case of secondary, with osteocopic pains, insomnia, etc. etc.; the history enigmatical, but had confessed.

Dr. Detmold had directed "blue ointment;" commenced with potass iodid., two dr. to four oz. mixture, with improvement very slight, then increased to four dr. iodid. and bromid. combined, with excellent results.

Dr. O'Sullivan believed that the condition of the patient indicated syphilitic taint. The general appearance and the condition of the air-passages on close examination strengthened this impression. The patient evidently improved on the treatment pursued. He believed, however, that smaller doses of potass. iodid. would fulfil the indications, and disapproved, in decided terms, of the indiscriminate use of large doses, which seem fashionable, lately, in medical practice. Further, stated his belief that comparatively small doses of the bi-chloride of mercury in combination referred to would answer the indications. He had pursued this course in the treatment of such cases for several years, both in public and private practice, with satisfactory results.

Dr. Pilgrim suggested externally the use of "Purple Wash."

NEW YORK COUNTY MEDICAL SOCIETY.

STATED MEETING, FEBRUARY 23, 1874.

DR. ELLSWORTH ELLIOTT, PRESIDENT.

Scoliosis.

Dr. Hermann F. Guleke read an extensive paper on Scoliosis, or Curvature of the Spine.

Dr. Finnel asked whether or not appliances were desirable in this affection, and if it would not be better to educate the muscles so as to relieve the deformity.

Dr. Guleke said that it was only in the confirmed stages of the disease that mechanical appliances were necessary, otherwise special gymnastics were indicated.

Dr. Lewis A. Sayre suggested that elastic bands would prove beneficial during the first two stages, to assist in reducing the curved state of the body.

The President introduced to the Society Dr. John H. Packard, of Philadelphia, who would exhibit a splint.

Splint for the Treatment of Excisions of the Knee-Joint.

Dr. Packard said he did not propose to discuss the subject of excisions of the knee-joint, but merely to show a splint for the after treatment. Much importance attaches to the perfect quiet of the limb after the operation. His attention was called to the subject, and after considerable consideration he had devised the instrument before the Society. In all the cases in which it had been used by his colleagues and himself, in Philadelphia, it had only failed once, and that was in a young patient under his own care; eventually, even in this case, it had to be used. The splint at first sight looks like a straight posterior splint for fracture, with two high iron handles at the knee. On close inspection it is found that instead of being in one piece it is in three pieces, and the handles are iron brackets connecting the upper with the lower section. The middle piece is about four inches in width and slides between the brackets so as to make the splint continuous. The advantage in this middle section is to afford facility in removing the dressings. The splint when adapted extends up as far as the trochanter major and tuberosity of the dochum; at the lower extremity is an adjustable foot-piece for securing the limb below. The thigh and leg portions of the splint are hollowed out, and to their edges are secured leather sides, which may be perforated by eyelets, and the whole limb in this manner securely fastened. When it is necessary to change the dressing the limb is elevated and the flat middle shelf slid out. After the dressings are rearranged this shelf is put back again into position and the limb arranged in bed.

The great advantage derived from the apparatus is that after the operation the ends of the bones may be put in apposition and kept there for an indefinite time, unaffected by the shifting of the dressings. Dr. Packard said also that he found it advantageous after operation to place the limb in such a position that there would be a slight bend at the knee. A more satisfactory result was obtained in this way for the patient than if the limb were perfectly straight.

Dr. Frank H. Hamilton said Dr. Packard had sent him the splint for examination some time ago. He had found it wonderfully adapted for the purpose intended, and was withal so simple. He was of the opinion that it might be of service in some severe cases of fractures and in some cases of lacerated wounds where it was desirable to keep the parts in a state of rest.

Dr. Lewis A. Sayre also thought highly of the apparatus. It was simple and well designed for the purpose intended.

On motion a vote of thanks was tendered to Dr. John H. Packard for his kindness in bringing the splint to the notice of the Society.

New York State Medical Society.

The President called on Dr. Jacobi to give to the Society some of his experience at the late meeting of the New York State Medical Society

Dr. Jacobi said that the time he spent there was particularly agreeable. He was impressed with the great interest manifested by the members on all the papers that were presented. Every year that he visited Albany to attend the meeting of the Society he determined that he should be present the next year, whereas, when he visited the American Medical Association he invariably made up his mind never to do so again.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, FEBRUARY 19TH, 1874.

AUSTIN FLINT, PRESIDENT.

Stricture of Meatus Urinarius.

Dr. Fessenden, Ohio, read a paper on the above subject, and recited at length the histories of nineteen cases of stricture, with the peculiarities in their history and the benefit derived from treatment. The stricture at the meatus causes the retention of a few drops of urine, and this irritation prolongs the gonorrhœa. Again, the contraction acts on the urine in micturition, so as to cause it to suffer a recoil, and this recoil gives rise to a disturbance in the nervous distribution in the deeper parts of the urethra.

Dr. Otis was also of the opinion that the irritation, though painless in itself, caused much pain and uneasiness in different parts of the genito-urinary system, and this was proved by curing the stricture when all the other trouble disappeared. This disturbance the Doctor referred to was notably instanced during coition. The treatment that Dr. Otis strongly advised was that by cutting. And when the stricture is cut the incision must be carried through the whole extent of it. If this is not done it will soon return. And when it is laid open it must be kept so by the steady introduction of sounds. Eventually, if this treatment be carried out, all traces of the stricture will disappear, as instanced in some of the recorded cases.

Dr. Post remarked that although he had not met a class of stricture cases like Dr. Otis, he was aware of the trouble that a relatively painless irritation might cause. As a case in point he might mention that at one time, when he was cutting a wisdom tooth, he suffered severely from an attack of facial neuralgia. When the irritation of the tooth was removed the neuralgia disappeared also. The pain from the tooth, though noticeable, was nothing in comparison to the neuralgic pain.

Dr. Post also has found that phymosis in children will give rise to many of the symptoms of stone in the bladder.

Dr. Detmold wanted to know from Dr. Otis whether or not any trouble arose from passing the sound after cutting the stricture. He was prompted to ask this question by seeing at his clinic a patient with the parts much swelled, and upon whom the operation had been performed.

Dr. Otis said he was glad Dr. Detmold drew attention to the case, as the case had been operated on, but the swelling was in no way to be attributed to the operation. In none of the cases had there been any trouble noticed after operative procedure.

Instrument for Facial Paralysis.

Dr. Detmold said that on a former occasion he had drawn attention to an instrument he had used in facial paralysis. This was a wire hook that was connected with the corner of the mouth and fastened over the ear. He had modified this so as to cause it to contain elements for the production of galvanism, and in this way produce an additional effect on the paralyzed muscles.

He was of opinion that the galvanic influence was of little moment, and considered that the main benefit was derived from the support that the affected muscles received.

Dr. Detmold then exhibited a more simplified instrument than the original, which consisted of a silver hook not unlike a fish hook, the diameter of the curve being about three-fourths of an inch. At the end of the shaft was an eye, to which an elastic was attached, and this could be secured to the ear. The surface of the hook in contact with the angle of the mouth was one-fourth of an inch broad and arched, so as not to cut into the tissues.

Dr. Detmold said this principle of support had been applied to lead paralysis of the forearm, but he did not recollect the name of the man who brought it forward. One of the gentlemen present said it was Dr. Van Vibber, of Baltimore.

WAYNE COUNTY, ILL., MEDICAL SOCIETY.

At the last meeting of this Society Dr. Miller reported a case of

Traumatic Tetanus.

He saw the patient on December 24th, two weeks after the accident. The patient had received a gun shot wound on the hand, the ball entering the palmar surface, carrying away the larger portion of the fourth and fifth metacarpal bones. The patient was exposed on the 28th, during a sudden change of the weather, and immediately afterward he was seized with rigidity of the muscles. The hydrate of chloral was given, but without relieving the spasm.

Dr. Prince was called in consultation the next day. He suggested the hypodermic injection of one-sixtieth of a grain of sulphate of atropia. An immediate amendment of symptoms followed the first injection. The chloral was continued, with an injection of atropia twice daily, for about four weeks. Whenever the effect of the medicines passed away the violent spasmodic condition returned. The patient always expressed himself as greatly relieved by the hypodermic injection.

The pulse ranged during this time from 112 to 120. On January 29th there were marked

symptoms of improvement, from which time convalescence has uninterruptedly continued. The doctor said he had no doubt the life of the patient was saved by the use of the atropia.

Dr. Prince said that he had seen eight or ten cases of tetanus, but had never before known a patient to recover. He considered atropia as a very valuable remedy; thought it acted by diminishing the congestion and irritability of the spinal cord.

Collecting Fees.

A committee on fees recommended,

1st. All bills are to be regarded as due as soon as services have been rendered.

2d. A statement of current accounts should be made every three months.

3d. The legal rate of interest should be charged upon all accounts after they are rendered until they are paid.

Editorial Department.

Periscope.

The Therapeutical Value of the Sulphides.

An excellent article is contributed to the *Lancet*, February 21st, by Professor Sydney Ringer, on the sulphides of potassium, sodium and calcium. He says:—

I wish to call attention to the value of sulphides present in many natural waters, in abscesses, boils, and scrofulous sores. The influence of the group on the suppurative process is easily made manifest. Thus when sulphide of potassium or calcium is administered, a thin, watery, unhealthy discharge becomes at first more abundant, afterwards diminishing, and throughout continues thicker and healthier, possessing indeed the characters of "laudable" pus. The condition of the sore improves correspondingly, and its healing is promoted.

Their efficacy may be frequently demonstrated in cases of the following kind. An unhealthy child, from six to twelve months old, suffers from a slight sore-throat, perhaps occurring in scarlet fever or measles. The sore throat produces considerable enlargement of the glands behind the angle of the jaw. The swelling, of stony-hardness, may be sufficiently large to interfere with swallowing and to push the head on one side. Suppuration takes place, but is very deep-seated, and for a long time there is neither redness of the skin nor fluctuation, and the pus very slowly makes its way to the surface, so that a fortnight, three weeks, or even a month may elapse before the abscess bursts, or is fit to be opened, when a deep hole is left, with considerable induration around it. The pain and constitutional disturbance are so great that the child sometimes dies; and even if this termination is averted, the deep discharging hole heals very slowly, owing to the indurated and unhealthy state of the adjacent tissues. If a tenth of a grain of sulphide of calcium, mixed with a grain of sugar of milk, is given in such a case every hour or two hours, the results are most striking. The swelling becomes smaller, the pus reaches the surface in four or five days, and when it is evacuated leaves a benign wound which quickly heals. The effects of these remedies are equally conspicuous in mammary abscesses, although in rare instances they appear temporarily to increase the pain, a remark which seems sometimes to hold good with respect to boils. But as a rule the pain is speedily mitigated. Singular to say, I have found these remedies of much less use in forwarding the maturation and expulsion of pus in indolent buboes, but my experience of their use in buboes has been but small.

In boils and carbuncles these remedies yield excellent results. A tenth of a grain of sulphide of calcium, given every two or three hours, generally prevents the formation of fresh boils, while it lessens the inflammation and reduces the area of the existing boils, and quickly liquefies the core, so that its separation is much more speedy, thus considerably curtailing the course of the boil. Where the skin is not yet broken, and the slow-separating core therefore not yet exposed, the sulphides often convert the boil into an abscess, so that on bursting pus is freely discharged, and the wound at once heals. These remedies meanwhile improve the general health, removing that debility and malaise ordinarily so markedly associated with these eruptions. In some cases, however, as in the deep-seated boils and abscesses of diabetes, they are powerless. In carbuncles the sulphides will generally be found equally serviceable, melting, as it were, the core into healthy pus, and so quickly expelling the dead and otherwise slow-separating tissue. In abscesses and carbuncles it is useful to apply belladonna over the inflamed part to reduce inflammation and allay pain. The skin should be thickly smeared with equal parts of belladonna and glycerine, and over this a poultice applied, renewing the belladonna each time the poultice is changed. Poultices, however, being liable to bring out a fresh crop of boils, one of the following plans should be adopted: Smear belladonna ointment some distance round but not over the boil, and then apply a poultice, the greasy application thus protecting the neighboring

tissues. Or, still better, apply a belladonna or opium plaster on leather, with a hole the size of the boil around the swelling, and through the opening smear glycerine and belladonna, covering all with a small poultice. The leather plaster efficiently protects the surrounding skin and averts the production of fresh boils.

I have thought it worth while to mention these useful plans of protecting the boil; but it is scarcely necessary to observe that whilst investigating the effects of sulphides, I have employed them alone, or at most sometimes using only a poultice. The good effects of sulphides are conspicuous in certain scrofulous sores not uncommonly seen in children.

The sulphides appear to me to exercise a very beneficial influence in suppurating scrofulous glands in the neck. Here again they hasten the elimination of the pus, and subsequently the cheesy scrofulous matter. After the abscesses have burst, and continued slowly discharging a scanty, unhealthy pus, and when the edges of the sores have become much thickened and indurated, these remedies render the discharge more abundant, thick, creamy, and healthy, considerably hasten the evacuation of the scrofulous matter, which prevents the healing of the wound, and at the same time softens the round indurated edges, so that the sore heals much more speedily. If small doses appear to affect these sores but little, larger doses, as half a grain or a grain, should be given several times a day, or even every two hours. I need hardly say that to compass the results described the treatment must be continued several weeks, for it is vain to expect them to occur in a few days, when the sores have been discharging perhaps for months or even years.

Can a Person be Anæsthetized During Sleep?

This is a very important medico-legal question, and it is ably discussed, though not conclusively settled, by Professor Dolbeau, in the January number of the *Annales d'Hygiene*. The case was that of a young woman who claimed she had been chloroformed during sleep and then violated. Professor Dolbeau performed several experiments, and found that sleeping animals were readily aroused by the presence of even small quantities of chloroform in their immediate vicinity. The cases of three patients are also given, who while sleeping were readily aroused by applying small quantities of chloroform at no great distance from the nostrils. In a second series of experiments made on seven patients, ten drops of chloroform were poured on a napkin folded in four, which was gradually brought to the vicinity of the air-passages, so that all air inspired had traversed it. In all these cases the patients were suddenly aroused from their sleep, some immediately, and one only after the eleventh inspiration.

A third group of cases, consisting of twenty-nine patients, was next experimented upon, furnishing different results. These are given in some detail, but it will suffice to say that it was found that in ten out of the number, that is, in more than a third, complete anæsthesia could be induced without awakening them. Dexterity in the mode of procedure seemed to have something to do with the proportion thus obtained, for this increased progressively with the number of cases experimented upon.

"New researches will still be required in order to establish the influence which may be excited on the results by the age of the subjects, their sex, their prior condition of health, personal habits, etc. The purity of the chloroform employed is also a matter of importance. While thus appealing to future researches, your reporter, making certain reserves, still feels that he is authorized in drawing a somewhat positive conclusion. Scientifically it is difficult, but often possible, to render persons insensible by means of chloroform who are in a state of natural sleep. Certain precautions, the employment of a very pure article, and great practice, are conditions that favor the success of the attempt. It is probable that certain subjects are absolutely refractory, that is, it is impossible to anæsthetize them, in spite of every precaution that can be taken. Others, on the contrary, and especially young children, easily undergo anæsthesia without being aroused from their sleep by the irritation which the anæsthetic produces in the air-passages. Under the criminal aspect, it is certain that chloroform administered to sleeping persons may facilitate the perpetration of certain crimes. It is, however, probable that the conditions favorable for anæsthesia will be rarely combined on the occasion of criminal attempt. But before the tribunals the expert should declare that it is possible, if not easy, to render a sleeping person sufficiently insensible by chloroform to allow of his becoming the victim of a criminal attempt."

Puerperal Thrombosis and its Remedy.

This was the subject of a recent paper by Professor Playfair, before the Obstetrical Society, of London. He pointed out that, on account of its tangible symptoms, the attention of the profession had been chiefly limited to one only of the manifestations of this disease, phlegmasia dolens. He discussed at considerable length the analogies between this and thrombotic affections in other parts of the body, especially in the heart and pulmonary arteries, and brought forward many arguments to prove their essential identity. He also considered the question of spontaneous thrombosis and embolism in the pulmonary arteries, arguing, in opposition to the views of Virchow and other writers, that the former was a possible though rare affection. The anatomical condition accompanying peripheral thrombosis and central thrombosis and embolism were also discussed. The author then proceeded

to consider the possibility of eventual recovery after pulmonary obstruction, bringing forward several illustrative cases, and concluded by discussing the treatment. In this connection it was remarked that Dr. Richardson had shown that the exhibition of ammonia, in doses varying from ten to twenty drops of the liquor in sweetened milk every hour or half hour, had a powerful effect in preventing the formation of clot, and in some cases in dissolving it when formed. The liquor ammoniæ had a great advantage over the carbonate or alkalies generally. These weakened greatly the already exhausted patient, and their elimination was not so rapid. The administration of the liquor might be pushed almost to complete disintegration of the blood globules, and no danger follows, as they will be rapidly reproduced. It is then the remedy to be tried in all cases of thrombosis, puerperal or otherwise.

The Hypodermic Use of Carbolic Acid.

The Berlin *Centralzeitung* contains an article by Dr. HUTER on the practical value of the subcutaneous injection of carbolic acid as an antiphlogistic remedy in local inflammatory conditions.

He uses a solution of 2 parts of carbolic acid in 100 parts of water. This is injected by means of a Pravaz's syringe, which holds about 0.9 gramme of the solution, or rather less than 0.02 gramme (three-tenths of a grain) of carbolic acid. The injection of two syringefuls of the solution at the same time has not been found to produce any symptoms of poisoning, nor has any darkening of the color of the urine been observed. Dr. Hüter has not exceeded the quantity of two syringefuls at one injection; and he repeats the operation when necessary, only after an interval of one or two days. No pain or swelling follows; the point where the needle is inserted only becomes a little tender. The injection is attended with so little pain, that it does not produce any even in small, sensitive children.

The antiphlogistic action of the parenchymatous injection of carbolic acid was well marked in nearly all cases; and Dr. Hüter specially mentions some of the diseased conditions in which its effects have been distinctly observed.

In hyperplastic granular synovitis (white swelling) of the knee, the injections are made at the most central part of the joint, so that the needle touches its surfaces. The result is abatement of the pain, falling of the evening temperature, which had been persistently high, and distinct reduction of the swelling. The injections must be repeated at intervals of two or three days, according to the chronicity of the disease.

In subacute glandular swellings having a tendency to suppuration, and in inguinal and femoral buboes, the injection leads to abatement of the pain, redness, and œdema; while the glands become reduced in bulk. It is sometimes necessary to repeat the injections several times before the cure is complete.

In acute phlegmon of the subcutaneous and subfascial connective tissue, the injection is made at the periphery, as it may be calculated that the lymphatics will carry the remedy towards the centre; when the phlegmon is extensive, two injections are made at different points. The result is to produce contraction of the tissue in a few hours, with cessation of the pain. Recovery takes place without suppuration, even if this, though imminent, have not already appeared.

In traumatic erysipelas, Dr. Hüter makes an injection at different points along the edge, so as, for instance, to prevent the erysipelas from spreading from the forehead to the hairy scalp. He has, however, not yet ventured to treat the entire circumference of the erysipelas with numerous injections, so as to cut it short. Dr. Wilde, of Plau, has also recorded some successful cases of treatment of subcutaneous erysipelas by the injection of sulphocarbolate of soda.

Dr. Hüter attaches great importance to making the injections into the parenchyma, so that the carbolic acid may be carried into the cavities of the largest joints, into the connective tissue surrounding the vessels, and into the interior of the lymphatic glands, and there exert its antiphlogistic influence. He regards the parenchymatous injection of carbolic acid as the most powerful antiphlogistic means which we possess; neither the application of ice, nor withdrawal of blood, nor any other means short of operation, can be compared with it in this respect.

Compound Fracture of the Thigh Bone and Patella of the same Limb.

The subjoined case, reported in the *Irish Hospital Gazette*, was treated successfully in Mercer's Hospital, Dublin, by Mr. O'GRADY, M. B., etc., Surgeon to the Hospital. The case turned out remarkably well, but we omit the history, confining our extract to the dressing, which has some novel features:

The patient, a lad of medium stature, was an "inside" servant, and had the pale, unhealthy appearance found in so many of his class. On admission the left thigh was seen to be much distorted, being shortened by at least five inches, and, moreover, generally emphysematous nearly from the foot to some inches above the groin; there was also extensive blood extravasation into the intermuscular spaces of the thigh. About the middle of the outer side of the thigh the pointed extremity of the upper portion of the broken femur had pierced the skin, and protruded for more than two inches; by a moderate amount of extending force this was easily reduced, and then the integumental opening contracted to a small perforation, such as would about admit a man's little finger. The fracture was very oblique, running from above in a direction downward, outward, and backward. The region of the patella was severely abraded and contused, and on manual examination that bone was found to be transversely fractured, the portions, however, be-

ing but little separated. In addition to this principal fracture, there were also some chips knocked off, specially from the upper piece. The patient's face was also much scratched and in part abraded, showing that it had been subjected to friction against the wall of the house as the boy fell; his general condition was one of considerable shock and depression, but he rallied after being placed in a heated bed and getting warm stimulants.

The fractured thigh was put up in the manner in which cases of that accident under my care generally are, viz., two similar and broad straps of adhesive plaster were each doubled at one end on itself, so as to form a loop, through which a piece of narrow strong tape was passed, and the pieces of plaster, after being well heated so as to secure firm adhesion, were placed one on each side of the leg, extending as high up as the knee (the loops corresponding to the level of the sole of the foot), and by a roller bandage, most carefully and smoothly applied, were maintained securely enough to allow of any reasonable traction being put on the tapes continued from the loops. The complications of the case rendering inapplicable the use of the ordinary apparati in vogue for treating broken patellæ, the following plan was had recourse to:—*Both* ends of a strip of strong adhesive plaster were doubled on it so as only to leave the centre couple of inches of adhesive surface exposed, from one border of which a little trimming was taken so as to make it concave; this middle portion, having been previously well heated, was applied immediately above the summit of the patella, the concave edge being turned downward, and, the adjacent abraded surfaces having been dressed with zinc ointment, the roller bandage was then continued upward to above the knee, and secured all in situ; the two loops (each having a tape run through them) hung down respectively on the inside and outside of the leg for six or eight inches. *A bit of lint folded in four and steeped in the blood as it oozed from the opening in the thigh, was placed over the wound*, and manual extension and counter-extension being kept up by assistants, the many-tailed bandage was applied, in continuation upwards to the groin, and a soft and well-fitting perineal lac was placed in position and secured to the head of a well-padded Liston's splint. Extension was simultaneously kept up on the inferior pair of tapes, likewise on those attached to the strap designed for steadying the patella, and the limb brought down to a suitable length, when they were all tied through the notches in the bottom of the splint, and the limb bandaged to it, the pelvis being firmly secured also by the spica. A full opiate was then administered, the urine drawn off by the catheter.

The Action of Chloral.

The *Chemist and Druggist* states that at the Paris Academy of Sciences, on January 19, M. Bussy read a note from M. Personne, respecting the theoretical action of Chloral. M. Personne has for some years maintained that the special hypnotic effects of chloral hydrate are due to the formation from it, in the circulation, of chloroform, produced by the action of alkali. Other experimentalists have denied that the blood is sufficiently alkaline to produce such an effect. Some have failed to obtain the result with solutions of the alkaline bicarbonates, Vichy water, etc. M. Personne replies that such experiments could not have been carefully performed. He finds that even the weak alkalies, such as magnesia, phosphate of soda, blood, white of egg, will transform chloral into chloroform at a temperature of 40° (Centigrade). An argument against M. Personne's theory is, that the action of chloral is so much more persistent than that of chloroform, and some imaginative investigators have attributed this to the production in the system, from the chloral, and simultaneously with the chloroform, of formic acid, which, in its turn, undergoes a further decomposition, yielding carbonic acid, whose hypnotic action they suppose is added to that of the chloroform, and thereby accounting for the more permanent effects of chloral. But M. Personne repudiates these explanations submitted by his too eager disciples, and presents a much more scientific and probable theory. He says: "The first effect of chloral hydrate on the albuminous substances of the body is to engender chloroform, at the expense of the alkali of those substances; then these albuminous bodies, deprived of alkali, combine with the remaining and uninjured chloral. This combination forms a sort of reservoir, from which chloroform is supplied gradually as the circulation demands it. This theory explains why so little chloroform is found in the blood of animals which have been subjected to the action of chloral, and also why the medicine acts so powerfully in modifying the tissues when it is used for dressing wounds."

M. Personne adds that chloral may be advantageously employed for the preservation of the most easily decomposed animal substances. He used a solution of 1 in 10, and with the admixture of glycerine with this, he says, anatomical specimens and such like bodies may be perfectly preserved, both in substance and appearance.

Reviews and Book Notices.

Notes on Current Medical Literature.

——Mr. Vogel, of Leipzig, announces an important work shortly to appear, under the editorship of Prof. H. Von Zienissen, of Erlangen, a *Handbuch der Speciellen Pathologie und Therapie*, to be completed in fifteen volumes. Among the collaborators

are Professors Heller, Geigel, Vogel, Wendt, Hitzig, and other well known German medical writers. Circulars, etc., can be obtained from L. W. Schmidt, 24 Barclay street, New York.

——"What Young People Should Know," being the anatomy, physiology, and hygiene of the human reproductive organs, by Prof. BURT G. WILDER, is among the announcements of Estes & Lauriat.

——The *Report of the Pennsylvania Hospital for the Insane*, for the year 1873, is received. On January 1st, 1873, there were 395 patients, since which time 261 have been admitted and 240 discharged or died, leaving 416 at the close of the year. The total number of patients during the year was 656, and the average number under treatment the whole year was 404.

——The yellow fever epidemic of Shreveport, etc., last summer, has called forth a number of studies on the disease. The first place should be given to the very able articles of Dr. JOSEPH JONES, Professor in the University of Louisiana. They have appeared in the *American Practitioner*, the New York *Medical Journal*, the New Orleans *Medical and Surgical Journal*, and other periodicals, and will be collected shortly into a volume. Dr. C. SPINZIG, of St. Louis, also proposes a volume entitled *Epidemic Diseases as Dependent upon Meteorological Influences*, an installment of which is sent us. Shreveport furnishes his text, but he is too little conversant with the English language to write agreeably, or always intelligibly. He rejects the germ theory, and holds to "chemico-physiological influences. Instructive reports on the fever epidemic are contained in the *Annual Report of the Supervising Surgeon of the Marine Hospital Service of the United States.*

BOOK NOTICES.

The Life of John Warren, M.D., Surgeon-General during the War of the Revolution; First Professor of Anatomy and Surgery in Harvard College, etc. By EDWARD WARREN, M.D. Boston, Noyes, Holmes & Co., 1874. 1 vol., cloth, 8vo, pp. 568. Price $5.00.

Very few medical worthies of the United States merit a biography as much as Dr. JOHN WARREN; still fewer will find so capable and sympathetic a biographer as he who narrates this history of a life in the volume before us. We have sat over its fascinating pages far into the night, and have had our interest excited even for the Doctor's old colored hostlers, "Cuff" and "Quaco." The minute portraiture of the educational difficulties of the young man in ante-revolutionary times, his early struggles, and his later vexations, are described with a most truthful and graceful pen.

Dr. WARREN sought a practice first in Salem, Mass., and it is evident that fortune was as much of a laggard then as now. He complains to his brother that a physician "must either die or throw aside business, to realize any considerable proportion of the money which he has in book debts," and somewhat ruefully reflects that he runs but a slim chance of getting a select practice until his elder competitor, Dr. Holyoke, "is incapable of business, which is not likely to be soon," a prediction verified in a remarkable manner, for Dr. Holyoke lived, hale and hearty, in full possession of all his faculties and in active practice, until he was over a hundred years old! (1728-1829).

Luckily Dr. WARREN did not wait for such a remote event, but was drawn into the army at the outbreak of the war, served his country with unwavering patriotism, and at what personal sacrifices are touchingly portrayed in his letters to his wife. He was elected Professor of Anatomy in 1781, and until his decease in 1815 continued to reside in Boston, enjoying a large and remunerative practice, which he much needed, as he had *sixteen* children, and no backgrounds of paternal inheritance.

All this could hardly be better told; but we think the author errs in here and there bringing in discussions, not always felicitously set forth, which have nothing to do with his subject. For example, and to give but one (pp. 456-57), if he does not know that the modern doctrine of evolution rests on wholly different bases from the systems of Lord Monboddo and Erasmus Darwin, as he evidently does not, he had much better have said nothing about it. But these slips are venial, and we readily concede them to one who has given us a book so really readable as this one.

The typographical appearance of the work is excellent, and a steel engraving of Dr. WARREN is added.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 21, 1874.

D. G. BRINTON, M.D., Editor.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

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We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

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NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

CURIOUS MEDICAL EPITAPHS.

In *Love's Labor Lost*, Biron declares that for the sake of Rosaline he will "jest a twelvemonth in an hospital." Some of us may have found that task not so difficult as Rosaline thought. The grimmest surroundings cannot quench the spirit of humor; and even Death and the Grave have been the subjects of ghastly jocosity. Indeed, strange as it is, monumental inscriptions and epitaphs are a favorite field for the wit and the punster. Not a few of them are the productions of members of our profession, who almost seem to have had a partiality for writing their own epitaphs. A certain Dr. ISAAC LETSOME, buried in a Scotch Kirkyard, wrote this verse for his tombstone, but it is presumed did not acquaint his patients with its purport:—

"When people's sick, they come to I.
I physic, bleed and sweats 'em;
Sometimes they live, sometimes they die;
I can't help that; I. LETSOME" (lets 'em).

His professional skill must have been on a par with his grammar; and the only trait we can praise in his verse is his modesty.

A London physician, Dr. MESSENGER MONSEY, who died in 1788, at the unusual age of ninety-six, and was interred in Lawrence Poutney burying ground, wrote his own epitaph, closing with the following Voltairian cynicism:—

"What the next world may be little troubles my pate.
If not better than this, I beseech thee, O Fate,
When the bodies of millions fly up in a riot,
Let the carcase of old Dr. MONSEY lie quiet."

This reminds us of the biting impromptu of the poet Collins, written by him on the tomb of an infamous nobleman, which bore the inscription *Ultima Domus*.

"Paul says, there somewhere is or stands,
Another house, not built by hands;
Or should we gather from these words,
That house is not a House of Lords?"

Dr. ROBERT GRAVES, of Dublin, whose *Lectures on Practice*, published in 1843, was the first work of the Irish School to advocate the supporting treatment of febrile diseases, asked that his only epitaph be, "He

fed fevers." Whether his wishes were carried out, we know not, for not every epitaph that is prepared is inscribed on the stone.

Mr. Norfolk, in his interesting little book on *Curiosities of Churchyards*, tells us how "Fate, jealous of the reputation of the faculty," forced one of the foes of our profession to change an inscription he had written for his own tomb. He was a hale old man, named Proctor, and he wrote for himself:—

"Here lies the body of Thomas Proctor,
Who was born, lived and died without a doctor."

But shortly after he had consummated this triumphant distich, he broke his leg, and had to sacrifice to Esculapius after all.

Dr. Stafford, who was enormously fat, was honored with this epitaph:—

"Take heed, O good traveler, and do not tread hard,
For here lies Dr. Stafford, *in all this churchyard.*"

This may have also been a quiet hit at his aid in filling the churchyard with the bodies of others. Generally, however, epitaphs do our profession justice, even though they do state that "physicians were in vain." One in a cemetery at Cirencester, closes with a pun worth repeating:—

"Our bodies are like shoes, which off we cast,
Physic their cobblers, and Death their last."

A well-known epitaph in a churchyard at Edmonton, on the tomb of a hostler who died from an overdose of medicine administered by the barmaid, contains a wholesome warning to those who officiously assume the duties of the physician. It is in dog-latin, and runs thus:—

"Hic jacet Newberry Will,
Vitam finivit cum colchici pill.
Quis administravit? Bellamy Sue.
Quantum quantitas? Nescio—
Scisne tu?
Ne sutor ultra crepidam."

Which may be translated:—

"Here lies Newberry, known as Bill,
Who died from a dose of colchicum pill.
Who gave it? Bellamy, known as Sue.
How much did she give? Don't know—
Do you?
Leave drugging to doctors, whatever you do."

It is said that in Wales and Cornwall the people are very partial to epitaphs containing such medical statements of the cause of death of the deceased. Quite a number are quoted in the collections published. One in Acton Churchyard runs in this style:—

"Here lies entombed one Roger Morton,
Whose sudden death was early brought on.
Trying, one day, his corn to mow off,
His cradle slipped and cut his toe off.
The parts they took to mortifying,
And poor dear Roger took to dying."

Another in Chigwell cemetery contains the following warning:—

"My disease you ne'er heard tell on;
I died from eating to much melon.
Be careful, then, all you that feed. I
Died because I was too greedy."

But we must not wander too long amid these relics of curious lore and quaint humor. Now and then, however, it is not amiss, in the toils of professional labor, "to interpose a little ease," and let our thoughts dally with the eccentricities which the gloomiest subjects seem capable of evoking.

HYDROPHOBIA.

Though just now we are far removed from the dog days, both in England and this country, quite an unusual degree of attention has lately been attracted to hydrophobia.

In Huddersfield, England, a dog ran raging and foaming through the streets, biting six persons. It was killed, and a pin was found imbedded in the coats of its stomach. The suggestion was made, and eagerly seconded, that the dog was crazed with pain, but had not genuine rabies. The Hon. Mr. Grantley F. Berkeley, a gentleman of extensive acquaintance with the canine race, maintains that nine out of ten so-called mad dogs are merely delirious from the fever attending the common distemper. Those dogs, he says, will lap water freely, but the hydrophobic dog will not.

This position is controverted by a leading veterinary surgeon, who pronounces the "water test" unreliable. Moreover, mad dogs, dogs with true rabies, are well known to snap up and swallow dirt, chips, rags, etc., which might have pins and other

foreign bodies in them, and hence the presence of such bodies in the stomach by no means proves that intestinal irritation caused the delirious actions.

The sad death of a talented and popular young actress, Mrs. Ada Noyes, better known by her stage name of Ada Clare, has excited much comment. It occurred March 5th, in New York city. The last week in January she was bitten in the nose by a little pet lap dog. But little notice of the matter was taken at the time, but on Monday, March 2, symptoms of hydrophobia began to be manifested. The best medical aid was summoned, but to no purpose; the poor lady grew rapidly worse, until death put an end to her sufferings. The Coroner held an inquest on her remains. All the testimony went to show that the dog was not mad at the time.

Dr. Elliott testified that he cauterized the wound with nitrate of silver on the 30th of January, and for ten days thereafter she appeared to be doing well, so well that she appeared on the stage with Lucille Western, at Rochester, on Monday night. During the performance, however, she became insensible, and in her quieter moments requested to be taken to New York. On the train she suffered the greatest distress, and frequently prayed to be killed. The jury found a verdict in accordance with the facts.

The question of treatment seems still undecided. Cauterization by nitric acid or nitrate of silver is probably the safest plan, but it should be done early. Dr. DE MARMON gives some excellent suggestions which will be found in the *New York Medical Journal.*

Meanwhile, of course, the superstition of the "mad stone" comes to the surface again. A gentleman in Batavia, Illinois, was bitten on the hand, and hastening to a physician had the wound thoroughly cauterized within ten minutes after receiving the injury. To make matters sure he subsequently had the "mad stone" applied; as he has not had hydrophobia, he attributes his exemption, of course, to the stone, and not to the medical treatment.

NOTES AND COMMENTS.

Therapeutical Notes.

LOTION FOR FETID FEET.

The *Union Medicale* recommends permanganate of potash, fifteen parts, distilled water, 1000 parts. The feet to be washed twice a day with the lotion. They are then to be carefully dried, and powdered either with potato-starch or lycopodium.

NOCTURNAL MUSCULAR CRAMPS.

A writer to the *British Medical Journal* says, that if a person subject to this distressing affection will place blocks of wood, six inches high, under each post at the head of his bed, and have his bed made slanting from the head to the foot, he will not suffer from cramps.

USES OF CHLORAL.

Dr. Waters, in his book, recently reviewed in these columns, says that chloral in small doses will effectually check the irritable cough of pleurisy and bronchitis, although, curiously enough, it has little influence on that of pericarditis and pneumonia. In the presence of renal disease it rarely does good. Occasionally he has found chloral produce, instead of sleep, delirium and excitement, especially in those accustomed to the excessive use of alcohol and tobacco. To prevent the vomiting which a dose of chloral sometimes produces, absolute rest is most effectual. Even walking across the room is sometimes sufficient to bring it on.

USES OF CONIUM.

Dr. Kennedy, of the College of Physicians, of Dublin, gave the following instances where this drug had been used by him with success:—

A lady, aged 21, had long suffered from hoarseness and loss of voice. Succus conii was administered, and in a month these symptoms disappeared. Another lady, aged 22, had inflammation of the left ovary, with persistent pain. Extract of hemlock was used, and a rapid recovery followed. A compositor, aged 23, had recurrent attacks of severe abdominal pain. His bowels were regular, and his appetite remained good. There was no trace of lead poisoning. Shooting pains across the abdomen, and

into the testes, were complained of; and a tumor existed between the liver and the cæcum. Pressure on this tumor caused pain, but its exact nature was doubtful. He was much better after ten days' treatment by hemlock. In general bronchitis in a girl, aged 12, the drug was of the greatest use, rapidly causing certain hectic symptoms to disappear. Dr. Kennedy has used hemlock with success in painful affections, such as rheumatism and neuralgia, in phthisis and hectic, and in some forms of dysuria. Its effects appeared to be tonic and anodyne.

SULPHUR IN DIPHTHERIA.

In several severe cases of diphtheria sulphur has been employed in this city with gratifying success. A teaspoonful of lac sulphuris is administered thrice a day. The false membrane is swabbed with dilute sulphurous acid, and a general supporting treatment adopted.

The Advance of Preventive Medicine.

Even in the land of the "Irish Typhus," sanitary regulations are driving out preventable disease. The Dublin *Journal of Medical Science* winds up an article in its January number with the cheering prediction:—

"A noble future is dawning for preventive medicine, and the time is coming when, owing to the removal or lessening of its exciting causes, fever may be as uncommon in our country as the plague, the black-death, or any other 'pestilence that walketh at noonday.'"

Guarana Equal to Poor Coffee.

Dr. Walter George Smith, of Dublin, seems to have a low opinion of guarana, and his opinion is always worth listening to. He says its active principle, the so-called *guarania*, is identical with the well-known caffein or thein, a base which occurs also in Paraguay tea (Maté) and in the kola-nut of West Central Africa. Guarana is practically nothing but a convenient channel for the administration of impure caffein.

On So-called Ergotin.

Three preparations are called ergotin, one prepared from the alcoholic extract, and a second from the aqueous extract; while, according to Wenzell, ergot contains two alkaloids, ecbolin and ergotin, which can each be obtained as an amorphous, brown, feebly bitter powder, easily soluble in water and spirit, insoluble in ether and chloroform. The property of exciting contraction of the uterus is stated to reside in the ecbolin, but this statement needs confirmation. These bases seem to rest upon a slender foundation, and their relation to the former ergotins is not determined. In short, as matters stand at present, it is impossible to give a satisfactory answer to the question, what is the active principle of ergot?

The Climatic Zones of France.

A few weeks ago a well known hygienist, Dr. De Pietra Santa, gave a lecture in Paris on the climate of France. He stated that France possesses five very distinct climatorial regions: the Vosgian, or northeast; the Sequanian, or northwest; the Girondin, or southwest; the Rhodanian, or southeast; and the Mediterranean, or Provencal. Each of these regions presents a different zone, according as it is near or at a distance from the sea, or according as one descends the valleys or ascends to the mean heights. The maritime atmosphere is more uniform than that of heights; the barometrical pressure is constantly strong; the air is purer, and is renewed by the sea and land breezes; in equal volume, the sea-air contains more oxygen, is impregnated with sea-salt and a peculiar odor which it acquires from marine plants. Such an atmosphere would tend to develope the strength of the different organs, increase the power of the muscles, modify and harmonize the central and peripheric circulations; and, finally, would exalt the activity of the intellectual faculties. The air of hills and mountains, at a height of 700 *metres*, or about 2300 feet above the level of the sea, presents the following characters: It is naturally lighter, and contains, in equal volume, a small proportion of oxygen; it is impregnated with a more considerable quantity of watery vapor, and it contains a good deal of ozone. The influence of such a climate is particularly sedative and soothing, whereas a maritime one is tonic and stimulant.

The American Gretna Green.

The efficient Registrar of Providence, Dr. Snow, has been pointing out, in the *Providence Journal*, the faulty marriage laws of Rhode Island. It appears they permit minors of any age to marry, without the consent of parents or guardians. He says it is

not unfrequent that children of fourteen or fifteen years are married in that State; even more tender babes than that may be united in marriage without the knowledge or consent of their parents. In a State Report on Registration the marriage is mentioned, in a single year, of couples of the following ages: 18 and 14, 17 and 15, 16 and 15, 61 and 15, 76 and 13!!!

The Registrar adds:—

"This defect in our marriage laws has had the effect to make Providence a Gretna Green for runaway matches of minors from our own State. Scarcely a week elapses that applications are not made for an examination of the records, by distracted parents from this and from other States, to ascertain if their minor sons or daughters have been married here."

Rhode Island laws would suit Bishop Ferrette, whose opinion we quoted a few weeks back.

A Phenix in Medical Journalism.

The fable of the phenix ran that there was but one such bird. This solitary eminence is enjoyed by a medical journal in this city, which maintains that it is "legitimate" for medical journals to seek notoriety from medical sensations; to be cried in the streets by newsboys; to be sent to all the dailies with marked paragraphs; and, as it says, to advertise "in every way." No other regular medical journal is quite so "advanced" in the theory of ethics as this. Perhaps it, like Dickens' lawyer, Vholes, considers everything "legitimate" that is not illegal. But no; its obliquity of vision is one of the compensations of nature. Its unexampled acuteness of ethical sensitiveness about the duties of hospital physicians, etc., is naturally compensated by a corresponding obtuseness regarding the proprieties of medical journalism.

Blue Pus.

A few weeks ago we quoted some observations on the phenomenon of "blue sweating." Not very unfrequently surgeons notice blue stains on linen used as dressing for suppurating wounds and sores. Several such cases are referred to by Dr. H. F. PARSONS, in the *British Medical Journal* for Feb. 14. He attributes the hue to some particular product of oxidation of the discharge.

CORRESPONDENCE.

Encephaloid Disease of the Liver.

ED. MED. AND SURG. REPORTER.

The following case seems to me worthy of note:—

I was called to see the infant daughter of J. P——, on the 15th of July, 1873, on account of an enlargement in the side, as the father said, which they had noticed some time previous. Upon my visit I found a little girl of about five months old, lymphatic temperament, general appearance healthy, good appetite, sclerotic slightly jaundiced, tongue coated, bowels constipated. Upon examination I found a slight enlargement or fullness in the hypochondrium; no tenderness; rather hard and immovable, presenting an even surface, with no appearance of fluctuation; no enlargement of veins; no pain nor discoloration of surface.

A gentle laxative was given, and ung. iodinii comp. applied locally. For two months there was scarcely any change in the patient. The tumor had grown very slowly. About the 5th of October it had become about twice as large as when first seen, and was thought to contain some fluid, when an exploring needle was passed into its substance, after which, with a trocar, I drew off about two ounces of dark, bloody, albuminous fluid, mixed with pus. The tumor could now be felt to be hard and unyielding, and slightly nodulated. After four weeks the character and appearance were somewhat changed, the countenance presenting that peculiar expression seen in most cases of malignancy, worn, haggard, and tired. The cachexia now began to be noticed; the tumor had grown very much, extending into the epigastric, right lumbar, and umbilical regions, pushing the diaphragm high up, and compressing the right lung. The symptoms gradually grew more serious, and the patient died on Jan. 30th.

Autopsy thirty hours after death. Two incisions were made, one on median line, from the sternum to the pubis, the other transversal across the abdomen, exposing an enormous growth, filling up almost the entire cavity. The tumor was enveloped in a fibrous sheath, and was so firmly adhered to the walls of the abdomen and surrounding viscera as to prevent enucleation. Its origin was traced to the right lobe of the liver, which was found to be very greatly enlarged and softened, becoming a part of the abnormal growth. The left lobe was very greatly diminished in size. The tumor contained two large cysts from which was discharged three pints of ichorous, bloody and offensive pus. The substance of the tumor was highly vascular; large blood-vessels permeated the entire structure, also strong fibrous bands passing through it, giving a grating sound when cut through by the scalpel. The entire mass was estimated by those present to weigh no less than 15 or 20 pounds. A microscopical examination proved it to be true encepha-

loid disease. The remaining abdominal viscera presented a healthy appearance; nothing abnormal, except the position they were forced to occupy, the intestines being crowded into the left lumbar and inguinal regions.

The points of interest are as follows:—

1st. The age of patient when the disease first made its appearance, being not more than two months old, and, from family history, was very probably born with the disease, which remained latent a very short period.

2d. The little patient giving no sign of pain throughout the disease, a very unusual thing, I believe, in the history of such affections, pain generally being a prominent symptom; also the constitutional symptoms manifesting themselves very late in the disease, the patient still retaining a good appetite until death.

3d. The enormous dimensions the tumor attained and the terrible emaciation.

Both parents were healthy, but the mother had lost two aunts by schirrus.

J. H. Crouse, M. D.

Dayton, Ind.

News and Miscellany.

COLLEGE COMMENCEMENTS.

Medical Department of the University of Pennsylvania.

The 108th Commencement of the medical department of the University of Pennsylvania was held March 12th. The house was thronged, most of the audience being ladies. A full orchestra gave a very pleasant concert for half an hour before the commencement of the exercises and performed during the intervals of the celebration.

The exercises were opened with prayer by the Rev. Henry J. Morton, D.D., LL.D., after which the overture to "Oberon" was performed by the orchestra.

The degree of Doctor of Medicine was then conferred on one hundred and twenty-one gentlemen, the names being called by Prof. R. E. Rogers, M. D., and the diplomas presented with the usual Latin formula, by Prof. Charles J. Stillé, M. D., LL.D.:—

The Graduates were from the following States: Pennsylvania, 76; Delaware, 5; Maryland, 4; New Jersey, 4; Tennessee, 4; Virginia, 3; North Carolina, 3; Illinois, 2; Texas, 2; Massachusetts, 2; and Missouri, Nebraska, Mississippi, Iowa, Ohio, New York, Alabama, Minnesota, South Carolina, Kentucky, Maine, Cuba, Ireland, Mexico, Nova Scotia, Brazil, each one respectively.

The award of prizes for peculiar merit in scholarship was then made, as follows:—

Two prizes of $100 each were awarded for the best essays on subjects connected with medicine and surgery, considered worthy of publication, as follows:—

To Dr. Charles G. Frowert, of Philadelphia, on "Physiological Antagonists of Physostigma," and to Dr. John R. Haynes, of Philadelphia, on "Ligatures."

Honorable mention was also made of the following gentlemen, for the meritorious character of their theses:—

Joseph Berens, Philadelphia, on "Animal Ligatures."

Daniel M. Guiteras y Gener, Matanzas, Cuba, on "Uremia."

Frank P. Housekeeper, Lancaster, Pa., on "Experiments and researches concerning the glycogenic functions of the liver."

V. Gonzales Salinas, Coahuila, Mexico, on "A nerve-cell in a maniacal brain."

Austin F. Fullenweider, Des Moines, Iowa, on "Notes in nerve physiology."

Guilhelme Ellis, Brazil, South America, on "Emphysema of the liver."

Joseph S. Edwards, Philadelphia, on "The ordeal bean."

Francis C. Hand, Philadelphia, on "Excision of the knee joint."

Wm. H. Hawkes, Massachusetts, on "The structures and functions of the colored corpuscles of the blood."

James Morris Lewis, of Philadelphia, on "Jaundice."

Charles C. Matteson, Illinois, on "Is Ovulation the sole cause of the Catamenia?"

James C. Merrill, Massachusetts, on "Anomalies of Human Osteology."

Alfred B. Nelson, Kentucky, on "Vis Medicatrix Naturæ."

James C. Ogden, Philadelphia, on "Deflection of the tongue as a sign of disease."

Benjamin Janney Rudderow, Pennsylvania, on "Lead."

A prize of a gold medal, presented by Dr. H. Lennox Hodge, Demonstrator of Anatomy, was awarded to Dr. Frank P. Housekeeper, of Pennsylvania, for the greatest diligence, care and skill in the study of Anatomy.

A second prize of $30 in cash, presented by the same Professor, was awarded to Dr. Frank P. Housekeeper. The money was in an envelope bearing the motto, "Perseverentia omnes res vincit." His prize was for the best record of anomalies in the anatomical room.

A prize of $30, presented by Prof. Wm. Pepper, M. D., was awarded to Dr. La Rue D. Rockwell, of Pennsylvania, for the best record of ten medical cases observed by him; and a second prize of $20, from the same Professor, was awarded to Dr. L. Byron Baldwin, of Pennsylvania, for the ten next best in order of merit.

After more music by the orchestra, the valedictory address was delivered by Prof. Joseph Carson, M. D. After which the audience was dismissed with the benediction.

Jefferson Medical College.

The annual commencement of the Jefferson Medical College of Philadelphia was held March 11th, at noon, in the Academy of Music.

The degree of Doctor of Medicine was conferred on one hundred and fifty-one graduates, their names being called by Prof.

J. B. Biddle, M. D., LL. D., Dean of the Faculty, and the degree conferred by Dr. Jesse R. Burden, President of the Faculty.

Of these there were from Pennsylvania, 83; Ohio, 11; Illinois, 6; Maryland, 4; Tennessee, 4; Arkansas, Georgia, Massachusetts, Michigan, each 3; Connecticut, Delaware, Missouri, New York, North Carolina, Nova Scotia, each 2; Kansas, South Carolina, California, Canada, Porto Rico, Virginia, Minnesota, Mississippi, New Jersey, Alabama, Texas, Iowa, Germany, Maine, each 1.

The following prizes were then awarded:—

1. A prize of $100, by H. C. Lea, Esq., for the best Thesis, to James F. Baldwin (A. M.), of Ohio, with honorable mention of the Theses of John N. Farrar, of Massachusetts, and Charles D. Strong, of Georgia.

2. A prize of $50, by the Professor of Anatomy, Dr. Joseph Pancoast, for the best Anatomical Preparation contributed to the Museum, to Charles J. Jessop, of Pennsylvania, with honorable mention of the Preparation contributed by H. L. Getz, of Pennsylvania.

3. A prize of $50, by the Professor of Surgery, Dr. Samuel D. Gross, for the best report of his surgical Clinic, to John B. Roberts, of Pennsylvania.

4. A prize of $50, by the Professor of Practice, Dr. J. M. Da Costa, for the best Essay on Practical Medicine, to Hugo Engel, of Pennsylvania, for an Essay on Fatty Liver.

5. A prize of $50, by the Professor of Institutes, Dr. J. Aitken Meigs, for the best paper of Physiological Investigation, to J. G. Simshon, of Berlin, Germany, for a paper, entitled, Contribution to the Physiology of the Voice and Speech.

Dr. Addinell Hewson, on behalf of the Alumni Association, then presented to the trustees a handsome portrait of Professor Joseph Pancoast, by Waugh. Dr. Hewson accompanied it with an appropriate presentation speech.

Professor Pancoast arose, and was greeted with loud applause; he returned hearty thanks for the honor done him, and said that he would be as insensible as a stone did he not feel deeply the expression of affection from the alumni for their old teacher, whose good fortune it had been perhaps to smooth for them, to some degree, the rugged paths of science, and, touched as he was, he could only recall the language of his friend, Dr. Hewson, as applied to himself, and wish for his old pupils and friends of the alumni in future the glowing praise they had bestowed upon him.

After more music by the orchestra, the valedictory address was delivered by Prof. J. M. Da Costa, M. D., after which the audience were dismissed with the benediction by the Rev. William Rudder, D. D.

The Women's Medical College.

The twenty-second annual commencement of the Women's Medical College of Pennsylvania took place March 13th. The exercises were opened with musical selections by the Germania Orchestra.

T. Morris Perot, Esq., President of the Board of Corporators, conferred the degree of Doctor of Medicine upon the following ladies:—

Pennsylvania—Mary Bleht, Ella M. Ridgway, Mary G. Hood, Jean Sinclare Saylor.

New York—Olive Dewey Aldrich, R. Biansia Church, Mary K. Hutchins.

New Jersey—Amy S. Barton.

California—Charlotte B. Brown, A. M.

Connecticut—Celestia A. Benedict.

Ohio—Sarah Brooke, Georgiana C. Glenn.

Indiana—Annie Caldwell, Ellen A. Ingersoll.

Massachusetts—Laura V. Gustin, Anna B. Jackson.

Iowa—Caroline M. Dodson.

England—Emma H. Palmer.

Professor Rachel L. Booley, A. M., delivered the valedictory address.

The Philadelphia College of Pharmacy.

The commencement exercises of this Institution were held on the evening of March 12th, at the Academy of Music.

The diplomas, conferring upon each member of the class the degree of Graduate in Pharmacy, were distributed to the graduates by Mr. Dillwyn Parrish, President of the College.

The graduates numbered as follows:—From Pennsylvania, 47; New Jersey, 8; Ohio, 4; Wisconsin, 2; Kentucky, 2; New York, 4; Illinois, 3; and one each from Virginia, Missouri, Arkansas, Iowa, Texas, Mississippi, Massachusetts, Delaware, North Carolina, Kansas.

The valedictory address was delivered by Professor Robert Bridges, M. D.

ALUMNI MEETINGS.

Alumni of the Jefferson Medical College.

The annual meeting of the Alumni Association of Jefferson Medical College was held at the college on March 10, Dr. S. D. Gross presiding. The annual report of the Executive Committee was read and adopted. It states that active exertions were made during the year to procure subscriptions for the building of a new hospital, but that owing to the financial panic the committee were not able to collect as much money as they had hoped to obtain. Five thousand dollars, however, were received from the executors of the estate of the late Jesse George, and it is hoped that during the coming year the committee will be more successful.

An interesting address on the history, present condition, and prospects of the school, was delivered by Dr. Seavy, of Maine, which was listened to with marked attention.

The following officers were then elected for the ensuing year:—

President.—Dr. N. L. Hatfield.

Vice Presidents.—Drs. Atlee, Hewson, Wilson, and Toltz.

Recording Secretary.—Dr. Andrews.

Corresponding Secretary.—Dr. Dunglison.

Treasurer.—Dr. Rand.

Executive Committee.—Drs. E. Wallace, Da Costa, Bournonville, Levis, Brintor, Knight, R. M. Given, J. A. Meigs, W. H. Pancoast, J. C. Morris, F. F. Maury, Thompson, Keen, Atkinson, Andrews, Allis, N. Hatfield, Townsend, Warder, Engel, J. B. Roberts, Barton, Rex, Leaman, and Stone. The Association then adjourned.

Alumni of the University of Pennsylvania.

The fourth anniversary of the Society of the Alumni of the Medical department of the University of Pennsylvania was celebrated March 11th.

They were received by Prof. Rogers, Dean, and accompanied him to inspect the University Hospital in process of construction.

The report of the Executive Committee, prepared by Dr. Hartshorne, was read by Dr. Tyson, and approved. It stated that the General Fund for the Hospital was $200,000 from the State; contributions, $350,000; alumni ward fund, $11,261. Total, $561,261.

An amendment to the constitution, giving power to the Executive Committee of the Alumni to elect three Managers of the Hospital, was agreed to, and the appointments made by them were approved.

Professor Rogers stated that the Faculty had decided to award a $100 prize for the best essay for publication.

Dr. Carson said that the widow of Professor Jackson had donated the greater portion of his library to the institution.

The tellers announced the following as the officers to serve the ensuing year:—

President, George B. Wood, M. D.; Vice Presidents, Joseph Carson, M. D., George W. Norris, M. D., Isaac Hays, M. D., Meredith Clymer, M. D.; Corresponding Secretary, R. A. Cleeman, M. D.; Recording Secretary, Horace Y. Evans, M. D.; Treasurer, R. E. Rogers, M. D.

Orator, Cornelius G. Comegys, M. D., of Cincinnati, Ohio.

The annual oration was then delivered by Dr. Claudius H. Mastin, of Mobile, Alabama, after which the annual collation was partaken of.

Annual Meeting of the Alumni Society of the College of Physicians and Surgeons, New York.

The annual meeting of the Alumni Society of the College of Physicians and Surgeons took place on Wednesday eve, Feb. 26th, in the lower lecture room of the College. The President, Dr. C. Agnew, in his address, gave a resume of the work done during the year, and of the progress that is being made towards the founding of a chair in the College.

PROPOSED ALUMNI CHAIR OF PATHOLOGICAL ANATOMY.

The Alumni Society have had under consideration for a long time, but recently have taken action in endeavoring to raise by subscription a fund of one hundred thousand dollars. With this fund they propose to establish laboratories for the prosecution of experiments on chemical, physiological, and pathological subjects, and moreover to found a chair of pathological anatomy in the College, to be called the "Alumni Chair of Pathological Anatomy."

During the past year quite an amount of money had been subscribed by the Alumni members resident in New York city, and when this has been increased still further they would feel warranted in appealing to the wealthy men of the community. The prize committee reported that three theses had been sent to them for adjudication. Each of these was of unusual merit. They had decided, however, in favor of one on the mechanism of hearing, which was accompanied by some carefully elaborated specimens. The motto accompanying this was "*A Practitioner.*"

After some discussion as to whether it was proper to open the envelope bearing this motto, or to wait until the Alumni dinner, it was decided to open it that evening. The envelope contained the name of Dr. A. H. Buck, of New York city. This Alumni prize amounts to two hundred dollars, and is open for competition to all Alumni of the College. They choosing their own subject.

On motion the Society adjourned till Monday evening, March 2d, the occasion of their annual dinner at Delmonico's.

ANOTHER THESIS PRIZE.

The friends of the late Professor Joseph Mather Smith, of the College of Physicians and Surgeons, have founded an annual thesis prize of one hundred dollars in his honor. This prize is to be awarded at the annual commencement of the College, and is open to the Alumni and graduates of the year. The subject proposed for the year 1875 is to relate to "*Some of the Departments of Hygiene.*"

Trustees of the Jefferson Medical College.

An election for Trustees of the Jefferson Medical College, to fill vacancies, was held March 10th. The following gentlemen were elected: Hon. Asa Packer, Hon. Jos. Allison, Hon. Furman Sheppard, Hon. Wm. A. Porter, and J. B. Lippincott, Esq. The Board as at present organized is as follows: President, Hon J. R. Burden; Secretary and Treasurer, Geo. W. Fairman, Esq.; Trustees, Hon. James R. Ludlow, Hon. Henry M. Phillips, Hon. James Campbell, Hon. G. W. Woodward, General C. M. Prevost, Dr. E. B. Gardette, Joseph Patterson, Esq., Anthony J. Drexel, Esq., and those elected on Tuesday, as stated above.

The Philadelphia Lying-in and Nurse Charity.

At a special meeting of the contributors to the Philadelphia Lying-in Charity Hospital, the report of the Board of Managers was presented, acknowledging contributions toward the erection of a four-story building, sufficiently large to contain hospital wards for the reception of additional patients. This is a most praiseworthy charity.

—A party of bandits attacked a stage near Guadalajara, Mexico, February 26th. They killed, among others, Dr. Wilhelm Westfall, a German physician, formerly in practice in Havana.

QUERIES AND REPLIES.

Depilatories.

(*See M. and S. R., March* 14, *p.* 252.)

MR. EDITOR:—I call the attention of your correspondent to the assertion of Dr. Bœttger, that the best depilatory is a mixture of one part of crystallized sulphydrate of sodium with three parts of fine carbonate of lime, mixed and reduced to a very fine powder. This mixture may be kept any length of time without alteration, in well-closed bottles. When moistened with a drop of water and laid, by means of the back of a knife, on the part of the skin covered with hair, in a few minutes the thickest hair will be turned into a soft mass, easily removed by means of water. *Hirsutus.*

Phil'ade'phia, March 13.

The Medical and Surgical History of the War.

MR. EDITOR:—You say, in your issue of March 14, that "copies of the Medical and Surgical History of the War can no longer be obtained." I have a copy that I will sell for $25.00. *Bibliopole.*

[The address of Bibliopole can be obtained at this office. ED. REPORTER.]

Obstetrical Replies.

MR. EDITOR:—In your number for March 7th, p. 228, I find certain queries in regard to a given obstetrical case.

The case is one in which the child's head is in one of the occipito-posterior positions, with forehead, of course, at the pubis.

The Doctor asks, 1. The proper treatment; 2. The difficulties likely to be encountered; 3. Prognosis for the child; 4. Prognosis for mother.

My answer, founded on my own experience in these cases, to the first question is:—

Deliver with the forceps as soon as the os is sufficiently dilated. Judging from my own cases, it is not of the slightest use to wait for nature. Such delay is very apt to prove fatal to the child, and is a source of useless exhaustion to the mother.

2. No difficulties will be encountered by a reasonably skillful operator, beyond those usually met with in application of forceps at brim of pelvis.

3. Prognosis for child is good, if delivered promptly.

4. Prognosis for mother invariably good, if managed as above.

Will "T. G. C." be kind enough to inform us as to the treatment in the given case, and its results?

J. S. Bird, M. D.,
Hyde Park, Dutchess Co., New York.

OBITUARY.

DR. JEAN CRUVEILHIER.

On the 11th of March the cable brought news of the death of this famous anatomist and pathologist. Born in Limoges, in 1791, he made his medical studies under the famous Dupuytren, receiving his degree in 1816. His first professorship was in the school of Montpellier, where, in 1822, he published his *Traite d' Medecine Operatoire.* At the death of Leclard he was called to the chair of anatomy at Paris, 1825. Here he completed his great work *Anatomie Pathologique du corps humain.* This gained him the chair of pathological anatomy, created by Dupuytren in 1835. Various other medical works subsequently emanated from his pen. As a clinical teacher his arena was the Hospital de la Charite. In his later years he took a less active part in the interests of science.

DR. SAMUEL ABERNETHY.

At Rahway, New Jersey, on February 13, 1874, Samuel Abernethy, M. D., in the sixty-eighth year of his age. He was born February, 22, 1806, at Tinicum, Pa. He was graduated at Union College, New York; and in the year 1830 he and his surviving brother, Hugh H. Abernethy, M. D., were graduated together in the Medical Department of the University of Pennsylvania. In 1831 he commenced practice at Rahway. For twenty-five years his industry was untiring. And it was only after the renewed effects of an early accident, which rendered him lame, and his being in some degree disabled by long exposure, that his ceaseless activity was, for the last fifteen years, somewhat abated. He never married.

MARRIAGES.

EVES—HUTCHINSON.—February 19th, by the Rev. George B. Robinson, assisted by the Rev. R. P. Dubois, Dr. James S. Eves and Maggie D. Hutchinson, both of New London, Pa.

HEILMAN—MOORE.—At the residence of the bride's father, Amenia, N. J., on February 25th, by Rev. W. J. Judd, of Montrose, Pa., assisted by Rev. J. H. Hawxhurst, of Amenia, I. G. Heilman, M. D., of Philadelphia, and Miss Mary L. Moore, late of Scranton, Pa.

STEWART — MURPHY. — On Thursday, February 26th, 1874, at the residence of the bride's parents, Monroe, Ohio, by the Rev. A. Hamilton, of Monroe, Mr. John C. Stewart, of Middletown, Ohio, and Miss Clara E. Murphy, only daughter of C. W. Murphy, M. D., of Monroe, Ohio.

PARSONS—NORRIS.—On Thursday, February, 26, 1874, in this city, by the Rev. Henry J. Morton, D. D., James Parsons and Mary F., daughter of George W. Norris, M. D.

WELLS—IRELAND.—On the 3d ult., at the residence of the bride's mother, Germantown, by Rev. H. Hastings Weld, D. D., Dr. Howard Wells, U. S. N., and Fannie L., daughter of the late William Ireland, niece of the officiating clergyman, all of this city.

DEATHS.

FAIRCHILD.—Suddenly, in February, at Parsippany, New Jersey, Dr. R. V. W. Fairchild, for many years a well known practicing physician in Morris county, aged 53 years.

HAMMOND.—In New York, on the 4th inst., Somerville Pinkney, eldest son of Dr. William A. Hammond, in the 21st year of his age.

HANCE.—Near Mt. Holly, N. J., on the 25th ult., Edmund Hance, M. D., son of the late Rev. Edmund Hance, aged 22 years.

ROTZELL.—At Gloucester City, N. J., Friday, Feb. 27th, Joseph M. Rotzell, M. D.

SLACK.—At Fishkill, on Hudson, on the 3d inst., of scarlet fever, Helen M., daughter of Dr. Henry and Frances M. Slack, aged 12 years.

SIMPSON.—In Baltimore, on March 3d, Col. Josiah Simpson, Surgeon U. S. Army.

STEWART.—On February 11th, P. Stewart, M. D., at Peekskill, New York, in the 64th year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 891.] PHILADELPHIA, MARCH 28, 1874. [Vol. XXX.—No. 13.

Original Department.

Lecture.

CLINICAL LECTURE.

BY WILLIAM PEPPER, M. D.,

Professor of Clinical Medicine in the Hospital of the University of Pennsylvania.

REPORTED BY DR. LOUIS STARR.

On Hydrothorax.

Gentlemen:—Hydrothorax, using the appellation in its broader sense, is the term employed to designate an accumulation of fluid in one or both pleural cavities, and may be applied to the accumulations which result from inflammatory changes in the serous membrane, such as are met with in acute and chronic pleuritis, as well as to that which occurs in conjunction with anasarca, merely as a further manifestation of the obstruction to the venous circulation or alteration in the crasis of the blood, upon which the general dropsy depends. More accurately, however, the term is used to denote a collection in the chest of pure serous fluid, unmixed with lymph or pus, which may involve one or both sides, and may arise idiopathically as a result of subacute changes in the pleura; or, secondarily, in consequence of any of the causes of dropsy. The effusion due to inflammation, besides being preceded by the symptoms of acute or chronic pleuritis, is usually confined to one side, and is composed of serum mingled with fragments of lymph, or sometimes with a varying proportion of pus; this, therefore, is improperly called hydrothorax.

In illustration of one of the modes of origin and of the symptoms, I have brought before you a patient, who presents the following history:—

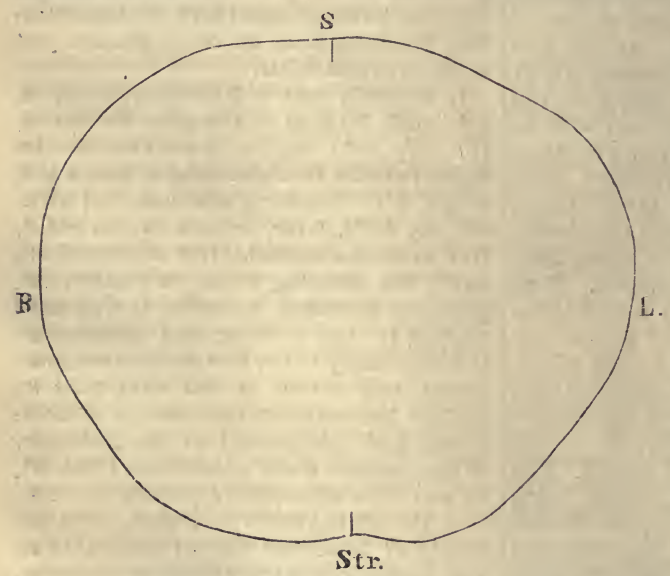
Wm. ——, 52 years of age, a gardener by occupation, was admitted to the Philadelphia Hospital on November 23d, 1873. His habits have always been very intemperate, and his life one of great exposure. He has a healthy family history, and states that, with the exception of a slight attack of intermittent fever, which occurred three years ago, he enjoyed good health until three weeks before admission. The veins of both legs are varicose, however, and there is a large cicatrix, resulting from an ulcer, situated just above the right ankle.

In the early part of November, while on a debauch, he slept in the open air during two very cold nights. Soon after this he began to suffer from shortness of breath and cough, with increasing weakness, but without any chill, fever, or pain in the chest. One week afterwards his legs commenced to swell; the swelling began in the feet and gradually extended upwards; it was most marked in the evening, and disappeared almost entirely in the morning, after a good night's rest in bed. A few days later he noticed diminution in the quantity of urine passed, and enlargement of the abdomen. When he came under observation (Nov. 23), he was in an exceedingly prostrated condition, though not much emaciated. The difficulty of breathing was so great that he was unable to make any exertion whatever, and was obliged to pass most of the time sitting up in bed, with his head and shoulders bent forward; what little sleep he got was taken in this position. The dyspnœa was most marked when he endeavored to lie on

the left side. The number of respiratory movements varied between twenty-six and thirty-two, sometimes even mounting up as high as forty per minute. There was considerable cough, accompanied by a scanty and muco-purulent expectoration, which was entirely free from blood. There was also constant palpitation of the heart, and the pulse was irregular, and so weak that it could scarcely be counted at the wrist; the number of beats varied from sixty-eight or seventy-two to one hundred or one hundred and twenty a minute.

On inspecting the chest, a decided fullness of the lower two-thirds of the right side, an absence of intercostal depressions, and want of motion, as compared with the left side, were observed, and upon measurement the right semi-circumference, one inch and a half below the line of the nipple, was found to be two inches greater than the left.

The increase in size, as well as the peculiar semi-circular shape of the right half of the chest, is exactly represented in the accompanying figure, which was obtained by first moulding two thin strips of lead accurately to the thorax, and then transferring them to a piece of paper upon which the outline thus formed was traced.



It will be seen that the left side of the chest was also altered in shape, but not nearly to so great an extent.

When the patient was in an erect posture, percussion revealed absolute flatness extending on the right side anteriorly from the third rib to the base; laterally it began at the fourth interspace, and posteriorly at the angle of the scapula; on the left side the flatness began about one inch lower down. The situation of the line of dullness was altered by changes in position, and the percussion resonance above was exaggerated on each side of the chest, both anteriorly and posteriorly. The respiratory murmur was much weaker over the regions of dullness than above, where it was broncho-vesicular; at the lower portion of the right chest it was almost suppressed. The vocal resonance and fremitus were likewise diminished over these regions; no râles could be heard.

The apex beat of the heart was too far to the left and too high up, being situated immediately under the nipple in the fourth interspace. The rhythm of the heart's action was changed; one or two regular beats were followed by a series of irregular ventricular contractions, at the end of which the heart would go on again regularly. A systolic murmur was present, heard most distinctly at the apex, and transmitted into the left axilla and around to the angle of the left scapula.

There was a considerable amount of ascites, together with tympanitic distention of the abdomen; the legs and scrotum were œdematous, and there was slight puffiness of the hands and of the tissue on either side of the thorax. The hands and feet were cold, and had constantly a bluish color. During the first twenty-four hours he passed only sixteen ounces of urine; this was dark colored, somewhat cloudy, acid in reaction, had a specific gravity of 1020, and contained a small quantity of albumen, about one sixteenth of the bulk tested. Careful microscopic examination failed to discover any tube casts.

The patient was ordered fifteen drops of tincture of digitalis four times a day, together with the following diuretic mixture.

℞. Potass. iodidi ʒj
Potass. acetatis ʒij
Aq. menth. pip. fl℥vj M.
Sig. Tablespoonful four times a day.

He took also three fluid ounces of compound spirit of juniper, in divided doses, during the twenty-four hours, and the front of his chest was painted each day with strong tincture of iodine. He was directed to drink no water at all, but to use milk as a substitute; his diet, with this exception, consisted of nutritious but *dry* articles.

Under this treatment the amount of urine passed per diem rapidly increased to one hundred and thirteen ounces, and all the symptoms improved.

At present (Dec. 13th) he is quite comfortable, and is able to sleep lying on the back or on either side. He was able to walk down to the clinic room to-day, and, as you see, the œdema of the legs and the ascites have entirely disappeared. The liquid effusion in the left side of the chest has been absorbed, while that in the right side is much reduced in bulk, the flatness on percussion beginning about two inches lower down than before. The rhythm of the heart's action is more normal, the apex beat is lower down and not so far to the left, and the murmur at the mitral valve can scarcely be heard. The pulse is stronger, slightly more regular, and beats seventy-two times a minute.

The urine is clear, natural in color and specific gravity, and contains no albumen; seventy ounces are passed in the twenty-four hours. The hands and feet are not so blue or cold, and the former are no longer puffy.

Hydrothorax may be caused by chronic affections of the pleura, or by disease of those organs which are most concerned with the circulation of the blood, and which are usually at fault in cases of general dropsy, viz., the heart, liver and kidneys. The conditions of the pleura giving rise to such liquid transudation are either latent, subacute inflammation, or such diseases as cancer and tubercle. When due to such causes the accumulation is usually limited to one side, and is unassociated with anasarca or ascites, and further, in cancer it generally occurs secondarily to the development of a cancerous growth in the breast.

Cirrhosis of the liver, by its effects on the portal circulation, often produces ascites, but rarely hydrothorax. The dropsy due to renal disease usually manifests itself first in the face, by swelling of the eyelids; it frequently, however, occasions general dropsy, not only of the subcutaneous areolar tissue, but also of the pleural and peritoneal cavities. In such cases, as a rule, the urine is altered in quantity and contains tube casts and albumen. The presence of tube casts and of persistent albuminuria is very important as a sign of organic disease of the kidneys, as simply albuminous urine may be found in various acute affections, and in congestion of the kidneys due to heart disease.

Valvular disease, or degeneration of the walls and dilatation of the heart, are common causes of hydrothorax.

As these changes cause universal venous engorgement and congestion of the kidneys, they are associated with general dropsy and albuminuria, but there are no tube casts, and the alterations in the pulse and the physical signs pertaining to the cardiac lesion are found on examination.

Such were the questions presented for consideration in the case before you, and upon proper investigation the conclusion was that the heart failure was the starting point from which all the other symptoms took their origin. The subsequent course of the case proved the correctness of this opinion. So soon as the circulation became more regular, and the dropsical effusions diminished, the albumen disappeared entirely from the urine, and this secretion became quite normal.

The chief rational symptom of hydrothorax is dyspnœa; this varies in degree, from slight shortness of breath on exertion to constant and distressing orthopnœa, depending not so much on the amount of the transudation, as on the rapidity of its formation, as a small quantity of liquid quickly accumulated produces more difficulty of breathing than a much larger quantity slowly collected. The amount of cough varies greatly; at times it is frequent, dry and troublesome, at others there is scarcely any. So, too, the amount of pain is very uncertain; and at times the disease is developed almost without the consciousness of the patient. The diagnosis, therefore, must be chiefly based upon the physical signs; these are distention of the chest, bulging of the intercostal spaces, feebleness or abolition of the respiratory murmur, absence of vocal resonance and fremitus, dullness on percussion varying with the position of the patient, and impaired respiratory movements. To these may be added displacement of the heart and liver. As the heart is the more movable organ it is usually most altered in position,

the direction and degree of its displacement depending on the situation of the liquid and the amount which has accumulated.

Consolidation of the lung is the condition which is, perhaps, most likely to be confounded with dropsy of the chest, but if proper care is taken in the investigation, this mistake is almost impossible. In consolidation the respiratory movements are decreased and the thorax is distended, but the increase in size never exceeds that reached at the end of a forced inspiration. There is no bulging of the intercostal spaces, no alteration in the position of the apex beat of the heart, and no variation in the percussion dullness on changes of position. Besides, the vocal resonance and fremitus are increased, and the respiratory murmur is bronchial or tubular.

In my own experience, however, the error I have most frequently met with has not been the confounding of hydrothorax with some other morbid state of the pleura or lungs so much as the entire overlooking of serious thoracic trouble, in consequence of the insidious and latent nature of many forms of hydrothorax. The only safeguard against this oversight is the acquisition of a habit of carefully examining the chest in every case of disease, or at least in every case where there is even the least evidence of thoracic disturbance, or where the symptoms are not all amply accounted for and explained by some disease of the organs outside of the chest.

In treating this condition attention must be paid to the cardiac, hepatic or renal affections, if any are present, upon which the dropsy depends; at the same time we must endeavor to stimulate the emunctories by the employment of diuretics, and to reduce the bulk of the blood by the use of a dry diet, so that the transuded liquid may be reabsorbed and carried out of the system.

If, however, this treatment has been persevered in without improvement, for a reasonable length of time, six weeks for instance; or if the hydrothorax is so extensive as to seriously interfere with the breathing and the action of the heart, and cause great exhaustion from want of sleep; or, finally, if paroxysms of dyspnœa are produced, even by a moderate accumulation, paracentesis should be resorted to. Various forms of apparatus are used in performing this operation, among which may be mentioned with special praise, Bowditch's Syringe and Dieulafoy's Aspirator. The most simple mode, however, is by means of an ordinary india-rubber tube, to one end of which a fine canulated trocar is attached; the other end is free, and is intended to be placed under water as soon as the puncture is made, in order to prevent the air from entering the pleural cavity. The point selected for the puncture should be sufficiently high up to avoid any risk of wounding the diaphragm or liver by the trocar, and should be in a position where the percussion dullness indicates that there is no adhesion of the lung to the thoracic parietes. With proper care in its performance the operation is free from danger, and is often followed by the most happy results. In this connection reference may be made to the two cases presented at the last lecture, where hydrothorax made its appearance in connection with cardiac disease, and in each of which, after failure of medical treatment, paracentesis was performed with entire success.

Communications.

ON SMALL-POX AND VACCINATION: EXPERIENCES IN THE FRANCO-PRUSSIAN WAR.

BY DR. MARTIN LUTHER,
Of Reading, Pa.

The observations I am about to detail were made whilst engaged as surgeon in the Prussian service, during the war of 1870-71. These observations extend over three hospitals, during a period of six months, from December to May.

Hospital No. 1, with which I was more particularly connected, stood a short distance from Camp No. 1, French prisoners of war, on the plateau of a mountain called the Carthause, which sloped, terrace-like, east and west, there to the Rhine, here to the Moselle. Towards the south it is crowned by a chain of mountains called the Kühkopf, or cow's head. On the north Fort Alexander, wherein I was quartered, and from which a road descended towards Coblentz. So high was this mountain that the wind from all quarters and at all times swept over us, so you can understand a fresh, healthy air prevailed. The ground upon the surface was stony, sandy, with a subsoil of clay resting upon the slaty basis of the mountain. Such

a formation prevented the rapid sinking of water, and from this fact you would infer a high grade of dampness, which would almost necessarily aid the growth of weeds and the decomposition of organic substances. This disadvantage, however, was counterbalanced by the sloping of the plateau on two sides, and by the constant current of strong wind passing over. Hospitals No. 2 and 3 were situated, one at the Laubach, at the foot of the mountain, the other across the Moselle, in Camp No. 2, on low, marshy ground; and to this can we probably trace the reason that the mortality and amount of small-pox in Camp No. 1 was not more *ceteris paribus* than that of Camp No. 2.

From the middle of September to the middle of January there were in Hospital No. 1 seventy small-pox patients, of whom twelve died. Among these were two with variola hemorrhagica; one died of gangrene, two of pneumonia. In the hospital at Laubach, from the 11th of November to the middle of January, there were one hundred and ninety-five sick, with a mortality of forty.

In Camp No. 11, up to February, three hundred and fifty cases were treated, with a death rate of forty-six. From the beginning of January, in connection with Assistant Surgeon Thalman, the last two hospitals were visited for the purpose of observing the effects of vaccination and revaccination. Each and every patient's arms were examined for the cicatrices of vaccination; they were asked whether they had been vaccinated, revaccinated, with what effect, and when; then making more thorough investigations, particularly in Hospital No. 1, where, first of all, it was observed whether cicatrices were to be seen or not, the number of scars were counted, for the purpose of verifying the statement made in the London *Times*, for January, 1871, that the prognosis depended upon the number of scars visible. Further, it was not omitted clearly and distinctly to admit the difference between variola vera and varioloid, which hitherto had seldom been done by authorities upon the subject, and which, perhaps, may have increased the confusion in men's minds concerning the value of vaccination. Therefore, to make these investigations according to strict laws, a distinction was made between heavy and light forms of small-pox. It is not necessary here to enter upon the differences between the two; suffice it to say, pitting follows variola vera alone.

In the three Hospitals five hundred and thirty-six patients were examined, with the following results:—

		DISEASE.		DEATHS.	
		Variola Vera.	*Varioloid.*	*Variola Vera.*	*Varioloid.*
Vaccinated, 401	With good cicatrices, 338.	65	273	4	
	With poor cicatrices, 63.	46	17	11	
Re-Vaccinated, 110.	With good cicatrices, 99.	20	79		
	With poor cicatrices, 11.	8	3	2	
Not Vaccinated, 25.		24	1	17	

In other words, of those vaccinated 3.75 per cent. died, of those re-vaccinated, one ¾ per cent., and of those not vaccinated 68 per cent. died. Dr. W. M. Welsh, Physician in Chief of the Municipal Hospital, of Philadelphia, says, in his report of 1871, to the Board of Health in that city, "of 390 cases not vaccinated, there were 254 deaths, 65 per cent. Throughout the whole city," he further states, "the rate of mortality among the unvaccinated cases was 46.93 per cent., while the mean percentage of deaths among the vaccinated was but 11.55 per cent. Let us suppose, then," he says, "that the 2661 unvaccinated cases had been vaccinated in infancy, instead of having 1249 deaths there would have been but 307, a saving of 942 lives. Again, if all the subjects of small-pox had been vaccinated, and good cicatrices secured, then, instead of 1879 deaths from this loathsome disease (the number that occurred in the city during the year), it would have been, in an epidemic of unparalleled malignancy, only 579, a saving of 1300 lives." In our city also, although no statistics have been kept, yet, judging from the testimony of the physicians here, 75 per cent. of the deaths were among the unvaccinated; such being the case, how many lives might have been saved, who otherwise fell victims to ignorance, to their own foolish opinions, and some, no doubt, as martyrs to the unholy influences of the opponents of vaccination. The facts we have stated speak for themselves; much comment is unnecessary. During these investigations two questions presented themselves.

1. What will be the result of vaccinating a small-pox convalescent with lymph taken from a patient afflicted with the severest type of variola vera?

2. What will be the result of vaccination upon a small-pox convalescent with the ordinary vaccine matter?

To test the matter very nearly one hundred cases were vaccinated, some with scabs, some with cow lymph, others, again, from arm to arm. The result throughout was negative. This vaccination was performed upon different subjects, from the fourth to the twentieth day of disease and convalescence. Using the same matter upon the waiters in the other hospitals, it was attended with the happiest results. I would here remark that it is impossible to diagnose variola vera or varioloid from the severity of the premonitory symptoms. Some cases of varioloid were noticed in which the premonitory symptoms were more severe than in variola vera. In some cases scarlatina or measles were diagnosed; in fact, one patient lay for three days in one of the inner hospitals before the characteristic marks of small-pox appeared. Another patient presented the following symptoms: The face was very red, here and there were to be seen or felt small hard nodules, and between these, particularly on the neck, several papulæ. There were no marks upon the back. Upon the breast and lower extremities the crescentic eruption of measles, whilst here and there papulæ were found. Upon the sides, arms, and hands the scarlet efflorescence of scarlatina was seen. He complained of severe headache, dizziness, pain in the back and neck, and suffusion of the eyes. Fever strong, pulse ninety-five to one hundred in a minute. On the following day the upper extremities presented a still more marked efflorescence scarlatina. The other portions of the body the same; here and there the measle-like eruption. Five or six days afterwards several of the papulæ ripened into pustules, the other eruptions disappeared, the whole case merged into a genuine varioloid, of which the patient was cured and discharged in sixteen days. A few words in regard to complications and diseases following and attending the disease.

Occupying the front rank, in my estimation, are the diseases of the eye, which in malignant small-pox are always blennorrhagic, whilst varioloid is accompanied only by conjunctivitis. Neither in Camp No. 1, nor in the Laubach, were the eye diseases of any importance, but in Camp No. 2 one man lost his left eye, the result of blennorrhagia. The same patient died a short time afterwards from septicæmia from decubitus. At the beginning of the epidemic small-pox was accompanied by brain symptoms of a severe character, making it necessary to place patients under special charge. One of the French prisoners brought to the hospital in the morning was delirious by evening. This patient was not vaccinated, and in a few days variola vera was diagnosed. As soon as the papulæ were in full bloom the delirium disappeared. The patient, however, died. Another patient, a Prussian Landwehr man, presented himself to Dr. Thalman, with similar symptoms. He had been vaccinated twice; the last time in 1860, he said, without effect, and, indeed, no cicatrices were to be seen. On the fourth day after his reception into the hospital he (the nurse's back being turned) deliberately cut his throat. There was very little loss of blood, which was stopped by the application of ice. He was supported by injections of bouillon, egg and wine, but died on the 4th day after the cutting, at the time of his death, and for two days previous, being in full possession of his mental faculties.

Inflammation of the mucous membrane of the throat, with breast symptoms, were frequent. In one case gangrene of skin followed the attack; a terrible case, soon relieved by death. The mucous membranes of the œsophagus and pharynx were often covered with diphtheric membranes (not dangerously so), merely retarding the recovery of the patient. The mucous membrane of the whole alimentary canal was often affected with a severe catarrh. One patient died of chronic diarrhœa. Furuncles, abscesses, particularly cold abscesses, were numerous, being often compelled to open dozens in a day; seldom, however, were they fatal. In each one of the three hospitals one patient, convalescent, was attacked with typhus fever. One patient died from ulceration of the elbow joint; another of general dropsy.

A very interesting case presented itself in Hospital No. 1. The patient was sick with undoubted varioloid. Several days after the scabs began to fall off a wonderful change was remarked. The patient sat up rigidly in bed when any one approached, and answered, as it seemed, intelligently to all

questions asked. In the evening, after this was noticed, light febrile symptoms were marked. The next day he refused to take his medicine, spoke to no one, and passed his excrement in bed. My knowledge, as well as that of several of my colleagues, was at fault. I knew not what it might be. There was nothing abnormal in his whole body, at least we found nothing, after a thorough examination. It was undoubtedly a disease of the nervous system. I ordered arsenic and iron with no effect. For some time he remained the same, until one morning, when requested to protrude his tongue, it was found impossible to open his mouth. Trismus, I thought. It was impossible to open his mouth far enough to introduce a finger, and as soon as an attempt was made to force the mouth apart, violent tremors were seen and felt in the masseters of both sides. He was treated hypodermically with morphia, warm baths, with cold douches and injections of wine, bouillon, etc. There was not the slightest wound in his whole body, save here and there the dried spots of varioloid. The same evening difficulty of respiration set in, which nothing could relieve. Death soon put an end to his sufferings. Possibly we had here a case of trismus toxicus, resulting from an unknown miasmatic agent acting upon the spinal cord.

Whilst, upon the one hand, complications retarded recovery, on the other hand, it must be said that persons who entered the small-pox hospitals afflicted with certain diseases were benefited, and some actually cured. This was the case, particularly, with syphilitic patients. Several cases afflicted with venereal were treated in the syphilitic hospitals. Two weeks from their date of entrance there they were removed to the small-pox hospital, with all the symptoms of variola vera, papulæ, pustules, etc. It ran its regular course, and some time after the patients' recovery from small-pox they were sent to camp perfectly cured of the venereal. The same results followed in two patients who, for six weeks, had been afflicted with chronic diarrhœa. Also disappeared a chronic bronchial affection. All these without special treatment.

The treatment pursued was strictly symptomatic, constitutional and local. At the beginning the patient was placed on absolute diet. Lemonade, and one glass of light Rhine wine, was given daily. The temperature of the hospital was regular, never being below 60° Fahrenheit. As medicine, nearly all received the following:—

℞.—Acid. sulph.,	℥ss;
Sodæ bicarb.,	℥ss;
Aquæ,	℥vj;
Syr. simp.	℥i.

Tablespoon doses, with an occasional dose of quinia. Affections of the mouth and throat were treated with a solution of potass. chlorat. as a gargle, and also taken internally in tablespoonful doses. In severe angina, poultices of chamomile and opium, in connection with ice, or a gargle composed of sage and alum. For the eye complications, cold water compresses, changed every five minutes. Secondary fever was treated with quinia or arsenic. Those who were unable to swallow received enemas of bouillon, wine and water every hour. To prevent pitting the whole face was covered with poultices, or painted with some oleaginous substance, the best preparation being powdered charcoal and lard, one part to three.

The following deductions were drawn from the observations made:—

I. The first vaccination or revaccination, with results, is not an absolute preventive against small-pox. It protects almost absolutely only for a certain number of years.

II. Vaccination, without results, cannot be taken as an immunity against variola vera, or varioloid. Generally, however, in these cases, varioloid predominates.

III. Vaccination or revaccination, without lasting cicatrices, cannot be said to be unsuccessful, but such cases are more likely to be attacked by variola vera than those with good cicatrices.

IV. The number of vaccine pustules following vaccination affecting the attack is in every case unimportant.

V. There is an antagonism between small-pox and the results of vaccination.

VI. Further, there is an antagonism between typhoid, typhus fevers and small-pox, so long as either one or the other has possession. In convalescence it disappears.

VII. Small-pox exercises a healthy influence over certain diseases which possessed the patient when attacked by it, viz, syphilis, etc.

VIII. Vaccination during the time the vaccinated is in the incubation period will not prevent the outbreak of the disease.

IX. Vaccination and revaccination continued is an absolute preventive of small-pox.

ON THE TREATMENT OF ASTHMA.

BY CHARLES G. HILL, M. D.,
Of Arlington, Md.

Having read with interest the numerous articles which have lately appeared in the columns of the REPORTER on the treatment of this frequent and annoying disease, I desire to append a few remarks from my own experience, that may be suggestive to your readers.

On the use of chloral in this affection, about which there is so much being said at the present day, I regret that I cannot write with such enthusiasm as some of my brother physicians, as I am convinced it is only in a *limited* number of cases, and those uncomplicated by any organic lesion, that this medicine can be relied on as anything more than a mere palliative, and that its popularity as such will soon begin to wane; for we cannot expect one remedy to be appropriate to all the diversified forms of this peculiar affection. In dyspeptic asthma, hay asthma, etc., the treatment is obvious; so we pass over these varieties, to the more important and more common forms, known as idiopathic and symptomatic asthma.

We will give below the case of each of the above forms of the disease in which we first used the treatment which has since been considered a *sine qua non* in our treatment of asthma.

Idiopathic Asthma.—CASE I.—G. F., æt 27; mechanic; first had an attack of asthma while on duty in Virginia during the late war; since then has had a return each year, about the first of December, which continued, with intermissions, during the whole of the winter, and unfitted him for any outdoor work. Called to see him in the fall of 1872, and found that the attack had set in early, and with unusual severity. On examination could detect no organic lesion, and consequently directed my remedies solely to the relief of the spasmodic dyspnœa. For this purpose I gave a fair trial to all the various sedatives usually resorted to in these cases. As they all failed in producing any good effect, I betook myself to experiments. The first thing that occurred to me was that hydrocyanic acid, owing to its sedative effect on the pneumogastric nerve, might do something toward allaying the spasm; but in this I was doomed to disappointment, as the effect was greatly to aggravate all the bad symptoms of the case. The next thing suggested was belladonna, and it seemed very plausible that if some form of this drug could be made to come directly in contact with the constricted air tubes, relaxation of the spasm would be inevitable, although the same failed to accomplish anything when taken into the stomach. To carry out this plan I procured an ordinary hand atomizer, and charging it with a solution of atropiæ sulph., one-fiftieth of a grain to one fluid ounce of water, proceeded slowly and cautiously to make the test while one of his attacks was at its height. The result of this was very gratifying, as in a short time the spasm was relieved. The instrument and medicine were left in his possession, and he was directed to use it whenever he felt an attack coming on, being cautious to desist as soon as he discovered any dryness of the fauces, dimness of vision, etc. He has continued to resort to it whenever necessary, and while it does not cure him entirely of his trouble, yet he has it under perfect control, being generally able to subjugate an attack in its very onset.

Symptomatic Asthma—CASE II.—Mrs. G., æt 45, has been subject to asthma for a number of years. First called to see her about two years ago. Found her attacks to be unusually severe and prolonged, often lasting several days without complete remission. On examination found slight dilatation of the heart, with congestion of right lung. Expectoration of thick mucus, often mixed with blood. Placed her on tonic treatment, with counter-irritation. Various sedatives, including the belladonna treatment aforementioned, were used to relieve the asthmatic trouble, but with poor success, tartar emetic pushed to nausea giving more relief than anything else. After attending her about a year, I found her condition to be constantly growing worse. Driven to to my wits' end again, I concluded to try the virtue of electricity. The instrument used was one of the medium size made by the Galvano-Faradic Co., of New York. The mode of using it was to apply the positive pole of the battery to the spinal column, moving it slowly up and down, from the first cervical to the fifth dorsal vertebra, and the negative firmly over the ensiform cartilage. The immediate effect of this treatment was to afford great relief to the suffering patient. The remote effect was still more flattering, as her appetite rapidly increased, digestive powers improved, and re-

spiratory apparatus gained tone and elasticity. This was continued about two months, giving her a seance of about fifteen minutes every three or four days. On any indication of the return of the trouble she applies for a few applications of the battery, which generally has the desired effect.

I regret that my experience in the use of galvanism in this disease does not extend beyond this one case, but so very satisfactory has been its result here, that in the future I shall regard it as the most powerful weapon to be used in combatting this form of asthma.

The preceding cases are given to illustrate the plans of treatment that in my hands have been most effectual in this notably capricious disease. And though, like all other remedies, they will often disappoint, yet I believe they will prove a valuable addition to the list of remedies for this affection.

ANEURISM OF THE ABDOMINAL AORTA SUCCESSFULLY TREATED BY THE ADMINISTRATION OF GALLIC ACID AND SUB-SULPHATE OF IRON.

BY S. FLEET SPEIR, M. D.,
Surgeon to the Brooklyn City Hospital, etc.

CASE I.—Alex. C——, aged 34, born in Maine, admitted to the Brooklyn City Hospital August 27th, 1870.

History.—In 1860 he had a sore on the penis and a suppurating bubo; no secondary symptoms. Nearly a year before admission his eye-sight began to fail, and has continued to fail ever since. (Examination with the ophthalmoscope indicates atrophy of both optic discs). The patient was placed upon general treatment and nutritious diet. In March, 1871, his bowels became constipated in a marked degree, having a stool about once a week. Medicine acted upon them with great difficulty. There was now general weakness, and his appetite began to fail. In April dyspeptic symptoms appeared; food gave him pain, and it was often vomited; nothing resembling blood was seen in the vomited matter. His urine was normal in quantity, but loaded with pus. In May he complained of griping pain in the epigastrium, coming on usually in the evening; these pains increased in severity, and came on at irregular intervals.

On the 20th of May there was heard, for the first time, a murmur over the abdominal aorta; its maximum of intensity was just above and a little to the left of the umbilicus. A tumor was perceptible to the touch, firm, and limited pressure upon it was painful. The tumor pulsated, and its expansion was synchronous with the cardiac pulsation, and a distinct bruit could be heard over it. The diagnosis of abdominal aneurism was made, and was confirmed by consultation. The patient was at this time under the care of Dr. H. S. Smith, on the medical side of the hospital, and his treatment consisted of tonics and occasional cathartics. On the 6th of June he was transferred to the surgical wards, and came under my care. A consultation was held, and surgical interference was thought of for the relief of his distress. His debilitated condition, however, induced me to abandon that idea, and I put him upon gallic acid, in half drachm doses, three times a day, before meals, and alternated with five minims of the solution of liq. ferri sub-sulphate of iron. After this treatment there was a marked change in the character of the tumor. It became much more firm to the touch, and the impression was received of a solid tumor occupying the anterior surface of the aorta, and below it the passage of blood was but little interrupted. The tumor seemed to be near the ciliac axis. On the 11th of June he died suddenly, from the rupture of the sac of the aneurism. On post-mortem examination the aneurism was found as above described. A portion of its wall was very thin, and had given way near where it joined with the main trunk of the artery, and hemorrhage into the abdominal cavity caused his death. The whole interior of the sac of the aneurism was filled by firm layers of coagulated fibrine, which gave evidence of having been recently deposited. The fact that this fibrine had been deposited so immediately after the use of the gallic acid and iron, and the readiness with which the effused blood coagulated, induced me to believe that these remedies had been, in part, at least, the cause of the rapid coagulation of fibrine within the sac, and I determined to give it another trial on the first opportunity.

Aneurism of the Abdominal Aorta—Recovery Under the Use of Gallic Acid and Liq. Ferri Sub-sulphatis.

CASE II.—Chas. A——, æt. 36, born in Denmark, a sailor by occupation, weight 202½ pounds, entered the Brooklyn City Hospital May 13th, 1871. In January of the

same year he had been treated for lumbago, with relief; he returns with same complaint. In 1865 he had gonorrhœa, but has had no other venereal complaint; his habits have been good; is not a hard drinker. In February the pains for which he had been treated in January returned, in the small of the back. The pain increased in severity, notwithstanding local and constitutional treatment. In the latter part of May the pain in the back was so great that he was unable to leave his bed. About the first of June a pulsating tumor was discovered, for the first time, just to the left of the umbilicus. This had all the symptoms of aneurism of the abdominal aorta, and was accompanied by diminution of the current of blood in the left femoral artery. By the first of July the patient was helpless, had lost about forty pounds, and got relief from the intense pain only after hypodermic injections of morphine. He was now put upon liq. ferri sub-sulphatis, iv minims, three times a day, alternated with gallic acid, ʒss, and was kept in bed. In August, he was greatly improved; the tumor was smaller and more firm, and gave less pain. In the latter part of August his improvement was very marked; he could walk about the wards; the morphia was discontinued, and he began to regain his lost flesh. At this time he weighed 195 pounds, and was able to do light work without fatigue. The tumor was small, very firm, and gave no pain on pressure. No difference in the current of blood in the femoral arteries could now be detected. Oct. 10th, he was "discharged cured."

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

REPORTED BY J. W. P. BATES, M. D.

Fibroid Tumors.

BY W. H. CURRY, M. D.

These are what were originally known as the common vascular sarcoma, or simple fleshy tumor, a yellowish white, firm, fleshy or fibrous mass, with few blood vessels, and seems to be identical in structure with that of fibrous tissue, except in the proportion of the elements forming them. Their formation is supposed to be owing to the organization of lymph, and the cause of such hypernutrition is equally a supposition.

The favorite seats of these tumors are the submucous and subcutaneous cellular tissue, and especially that of the womb. Although they may be found wherever mucous membrane exists, in the nasal fossæ, pharynx, stomach, intestines, bronchial tubes, bladder, and meatus auditorius externus, yet on account of their comparative unfrequency in these localities, I shall confine this article to fibroid tumors of the uterus.

The term fibroid or fibrous is now but little used by gynæcologists, the nomenclature of uterine tumors having changed with our increased knowledge of their minute anatomical structure, and myoma, myofibroma, and fibroma are substituted.

They consist in the development of hard, resisting, and generally globular masses in connection with the parenchyma of the uterus. Previous to the present century very little was known of the true nature of this affection. Dr. Hunter was the first to call attention to the subject, and from him we have learned much respecting their pathology, but we are mainly indebted to Chambon, Bailie, Walshe, and Lee, for fuller elucidations of their true nature. This affection presents a wide field for pathological investigation, and it is to be hoped that such men as Rindfleisch, Virchow, Stricker, and Billroth, with that zeal and patient research which has so often rewarded them with wonderful achievements in other departments, may find *this* one so inviting as to enlist their earliest and most rigorous investigation. To these and such lovers of science we must look and wait. The active practitioner has little time for such investigations. It is but little that he can contribute beyond the record of a few facts which may assist in sustaining or disproving new theories or occasionally, by well-timed hints, give direction and emphasis to the thoughts and investigations of others. Little can be said, then, of the history of these growths, and but little more of their pathology. A few contend there is identity between them and cancerous tumors, but most agree they are non-malignant. There is one very interesting point in their pathology which is far from being accurately and conclusively determined, viz., the possibility of their undergoing cancerous degeneration. Dr. Walshe believes that ulcers arising under such circumstances may be dangerous and intractable, yet a real malignant growth is seldom if ever deposited in fibrous tumors. Bayle and Lobstein affirm they never do. While Dr. Atlee, of Philadelphia, and Dr. Simpson, of Edinburg, think that it sometimes occurs. For myself I see no reason why it should not happen, especially when they are found in persons of the cancerous cachexia, and are highly irritable in their nature. Nevertheless, in this latter class they may, and evidently do, have a non-malignant history, although it, unfortunately, may not continue.

Their number is almost unlimited, and the same may be said in regard to their size. They have, then, no generical limit, and while I have heard of none weighing more than sixty pounds, yet there is no reason why they should not continue to grow indefinitely if pabulum is supplied and life pro-

longed. Neither have they any numerical limit. Dr. Thomas exhibited, two years ago, to the New York Pathological Society, the uterus of a negress which contained thirty-five tumors of every size between that of a marble and a fœtal head. In one case which I have under treatment one large tumor fills the pelvis, or did at the time I commenced to treat her, and masses of small tumors, like bunches of grapes, can be distinctly felt through the abdominal walls.

They may develop in any part of the uterus, but the usual site is in the body or fundus. The rarest of all locations is the cervix. The typical form is that of a hard tumor, which creaks under the knife, but their structure differs greatly, not only from their original development being different, but from their being susceptible of several diseased states, such as œdema, inflammation, fatty, colloid, and calcareous degeneration and apoplexy, which produce, of course, their characteristic alterations. Sometimes a cyst forms in the midst of the fibrous tissue, and sometimes, though rarely, the whole mass becomes a ball of calcareous matter, and detaching itself is discharged per vaginam. This latter is the disease described by old writers as uterine calculus.

Large vessels are sometimes discovered in the pedicles or covering tissues, Caillard reporting one as large as the radial artery, and Klob has seen one the size of the uterine artery. As may be inferred, their interior is scantily supplied with blood vessels, and hence they possess a low degree of vitality.

Klob divides them into two classes, simple and compound. Clinically they present themselves in three classes. 1. Submucous, or those which lie under the internal mucous membrane, and project into the uterus. 2. Sub-serous, or those which lie under the peritoneum. 3. Interstitial, if in the walls of the uterus.

Nothing can be definitely affirmed respecting their etiology. Sixty years of research and observation have thrown no light on the subject.

Those generally regarded as *predisposing* causes are :—

Race.—The African being peculiarly liable.

Age.—From thirty to forty-five.

Menstrual disorders of long standing, and sterility.

The most prominent symptoms are menorrhagia, or metrorrhagia, irritability of bladder and rectum, pain throughout the pelvis, uterine tenesmus, profuse leucorrhœa, hydrorrhœa, signs of pressure upon crural nerves and vessels, all of which may point to a fibroid as the offender; still, of themselves, they should never do more than excite a suspicion that such is the case. To the physical signs we must look for the information upon which to base a correct diagnosis, and, happily, they do not often mislead. In case of a large tumor no difficulty will present itself, for the results of vaginal touch, abdominal palpation, and conjoined manipulation, will be sufficient to settle the matter definitely. Should the growth be of small size, however, and of the interstitial variety, a correct diagnosis is not so easily reached, and it may become necessary to keep the case under observation for a long time.

A thorough examination of the whole uterus, its cavity to the fundus, anterior and posterior surfaces, combined with such additional light as the rational symptoms supply, should, I think, be sufficient to prevent us from going astray, even when these tumors are comparatively small. They are most frequently confounded with peri-uterine cellulitis or abscess, pelvic hæmatocele, anteflexion and retroflexion, ovarian tumors, and fecal impaction. When a solid ovarian tumor is firmly attached to the uterus, differentiation is often impossible, but in the case of the other diseases enumerated no extraordinary care is necessary to distinguish them from a fibroid tumor.

When we consider that this is the most frequent organic disease of the uterus, except inflammation and its effects, to say that the prognosis is almost always favorable seems incredible, yet it is nevertheless true, unless the tumors are very large, or ignorantly meddled with. The proportion of deaths is very small, and when it does ensue, it is generally the result of such wasting discharges as metrorrhagia, leucorrhœa, hydrorrhea, or a low grade of constitutional irritation.

"In most cases," says Dr. Thomas, "after having attained a moderate size, they remain stationary or increase slowly to the menopause, creating considerable inconvenience, and depreciating the patient's strength by hemorrhage; then undergoing a certain species of atrophy, with the cessation of uterine and organic function they cease to be to any great extent a source of danger, although they may be very annoying." I wish this could be said of all cases.

Again, nature may effect a cure by absorption or atrophy, or by strong uterine contractions rupture the attachment and expel the tumor. Or calcareous degeneration may take place, or it may slough from deprivation of nutrition, or from inflammation of the vascular structure of the uterine attachment. Occasionally fluid collections take place within these growths, destroying their tissue, as if by a process of liquefaction. Dr. Sims, of New York city, reports the cure of one of this character by simply emptying it of its contents by puncturing.

The treatment of uterine fibroids naturally divides itself into two kinds, palliative and curative. The indications for the former readily suggest themselves—abdominal supporters and pessaries to prevent mechanical interference, astringent injections to control the discharges, and opiates and rest for the pain. In regard to the latter, imitating one of the processes of nature, absorption is the first method which suggests itself. That this can be done by any medicine known, has been positively denied by some, ridiculed by others, and questioned

by most. Nevertheless, these tumors have disappeared while medicines were being used, and it is safe to assert that in some cases, at least, it was accomplished by their use. Such results have been of sufficiently frequent occurrence to keep the expectation before the profession of the discovery of some drug, absorbent or otherwise, capable of effecting their removal, and if we trace the annals of medicine, we find that doctors have never relinquished that hope.

From time to time, therefore, the various absorbents have been used and various benefits claimed. Among those most used were iodine, the iodide and bromide of potassium, lead, and muriate of ammonia. Also the waters of various springs, Kissengen and others. I doubt if any of these have accomplished much beyond checking the growth of these tumors. Still, this is certainly worth doing when we cannot do better.

Recently their removal has been attempted by the use of ergot, and in a number of cases which have been put upon record the results obtained are so remarkable as to demand of the profession a very patient and thorough trial of this drug. In some instances the tumors, some of which were quite large, entirely disappeared, and in most cases, where the patient could bear the continued action of this drug, the growths were so much reduced in size as to prove no longer troublesome to the patient. Such results I consider by no means little achievements, and if this additional virtue which is now foreshadowed can be clearly demonstrated as the undeniable property of ergot, it will henceforth deserve no subordinate place in our materia medica, and no discovery in medicine in this age is likely to prove so great a blessing. To Dr. Hildebrandt, of Königsburg, belongs the credit of first using it in such affections. He reports nine cases. In one, the tumor was the size of the gravid uterus at the seventh month. The ergot was used continuously for fifteen weeks, and the tumor entirely disappeared. In six cases the tumors were much reduced in size, menorrhagia ceased, menstruation regularly established, and the general health of all the patients much improved. If I remember correctly, the treatment was being continued at the date of his report, with correspondingly good results. In the remaining two cases ergotism supervened and the treatment could not be supported.

One case was successfully treated at the Queen's Hospital, Birmingham. To use the words of the reporter, "upwards of one hundred injections had been given up to December last, and she had menstruated at three regular intervals since the treatment began, and the tumor had nearly disappeared (it was of large size). Treatment continued."

In the *Transactions of the New York State Medical Society*, Dr. ——— reports six cases of uterine fibroids successfully treated with this drug. I regret that I have lost or mislaid the interesting details of these cases, and I remember only the number of them and the results obtained. He used the medicine in the form of suppositories.

From my friend, Prof. W. T. Howard, of this city, who first suggested to me the use of ergot in these affections, I learn that Dr. J. Marion Sims, of New York, has been employing it very successfully in his practice.

My experience with this agent has been limited to two cases, which I reported to this society some months ago, yet the good results obtained in both were so marked that I would not dare attribute them to any other cause. In one the main tumor filled the whole pelvic cavity so compactly and completely as to prevent the secretions from the bowels and bladder being voided in the natural way, that is, without mechanical assistance. I gave her the ergot hypodermically first, and then in suppository, and in the short space of four weeks the tumor was so reduced in size as to prove no longer an obstacle, either to defecation or micturition. After treating her two months she was enabled to resume her accustomed avocation, and I am safe in saying that the tumor was reduced fully one-third in volume. She has now been without treatment for six months. Had she continued I feel sure the good results would have been proportionately augmented. In the other case the mass was about the size of the gravid uterus at the seventh month, was very painful, and compelled her to take her bed. I administered the ergot for nearly five weeks, every day, with most gratifying results. The tumor was very sensibly diminished in size, its tenderness removed, and she went about her work as usual.

Now it may be said here to-night, by some, as it was in the discussion of this subject some time ago, that these results "were simply coincidental, and nothing more; that these tumors atrophy and disappear without the use of medicine; that no known quality of ergot could possibly effect such a change," etc., but supposing coincidences are met with, are these all coincidences? We know they sometimes atrophy and disappear, but it is strange that they should have done so in all these cases, or in some of them only partially, and are we certain we know all about ergot and its modus operandi in all diseased conditions when applied? Certainly we can afford to lay such doubting aside, when we are brought to face such incontrovertible facts as are revealed in the above cases, and taking inspiration and encouragement from them, go forth in quest of like successes.

Still, it may do us no harm to pause and ask the old question, "How can these things be?" To this interrogatory we may not be able to give a satisfactory answer, yet, in considering some of the known qualities of ergot, we may, perchance, *find the path* which *leads* to the solution of the question.

The action of this medicine in producing powerful contractions of the uterus was fully appreciated more than fifty years ago, and

applied in forcing polypi beyond the neck, for the purpose of adjusting a ligature or with a view to their excision. Dr. Dewees first proposed its use to procure the expulsion of hydatids from the uterus, and Dr. Macgill, of Hagerstown, Maryland, employed it very successfully in one case in which a mass of hydatids as large as a child's head at birth was thrown off, and the woman recovered without accident. Upon the same principle we produce the expulsion of the child in labor, and contraction of the womb when hemorrhage is threatened, or where already present, in menorrhagia; and, in fact, in all other hemorrhages, it has been successfully employed. In some of these conditions it can only act in constringing the blood vessels, thereby reducing their calibre, and diminishing the quantity of blood going to the parts. It is further known that ergot is very efficient in slowing the action of the heart. Other virtues are claimed for it, but these three are sufficiently demonstrated to answer our purpose, and point more directly to the solution we are seeking.

Accepting the fact that these tumors are the subjects of spontaneous absorption, from no appreciable cause, may we not reasonably infer that their nutrition was diminished, or entirely cut off, by some disease or inflammatory action in the uterine attachment, such as are known to occur, and fatty degeneration and progressive atrophy resulted as a consequence?

Again, we have observed that upon the cessation of uterine and ovarian functions they undergo a certain degree of atrophy for a reason which is obvious at once. Now, as these growths are nourished through the uterus, and as we have an agent in ergot which we know diminishes its vascular, and, of course, nutritive supply, is it not reasonable to suppose that we can successfully imitate the processes of nature, or disease, if you like, and by contracting the walls of the uterus, and constringing its blood vessels, diminish or modify the nutrition of such tumors, causing fatty degeneration and absorption to take place? I verily think so. You may not agree that this is the correct solution of the question, but it is the best I have to offer, and seems to be reasonable, at least, when we consider the pathology of these tumors, and the ordinary action of this drug. Before leaving this part of my subject, a word or two should be said in regard to its administration.

Extract of ergot, made after the old United States Pharmacopœia process, one grain of which represents six of the powder, given in doses of five grains, has been found best. It can be made into pill or suppository. I prefer the latter, as less liable to produce unpleasant effects in the stomach and bowels. This extract can also be prepared for hypodermic use by taking one hundred grains, dissolve by rubbing in a mortar with a fluid ounce of water, the solution filtered, and the filter rinsed through with water until the filtrate measures ten fluid-drachms, which gives a solution representing the ergot in the proportion of six minims to the grain. Pure glycerine can be added if desirable. I prefer the suppository in all cases, where it is possible to use it, as less painful and troublesome in introduction.

So much for the use of medicine in the treatment of these tumors. Inasmuch as this paper has grown to much larger dimensions than I intended, I shall say nothing of their surgical treatment, further than enumerating the various methods which are laid down in the text books, where full details are given. They are, Excision, Ecrasement, Enucleation, Sloughing and Gastrotomy.

Editorial Department.

Periscope.

On Hydrate of Croton Chloral.

This new discovery of Dr. Liebreich's is discussed in the *Chemist and Druggist* by a chemical writer:—

The medicinal advantages of hydrate of croton chloral over ordinary hydrate of chloral are:—1st. In cases where hydrate of chloral is inapplicable on account of heart disease (it does not interfere with the action of the heart). 2d. In cases of neuralgia in the district of the nervus trigeminus (it is a remarkable phenomenon that when given in small doses it produces anæsthesia of the fifth nerve, singling out one nerve, and that one alone, while the sensibility of the body generally, and pulse and respiration, remain unaffected). 3d. In cases where very large doses are necessary to produce sleep; here Liebreich recommends the addition of croton chloral to hydrate of chloral.

Dr. Burney Yeo, of King's College Hospital, London, etc., is making a systematic investigation on the value of this medicine, and he lays his first communication in a paper published in the *Lancet*, January 31, 1874; he administered it in six different classes of cases, and gives details of each. The results he has arrived at are, that in croton chloral we possess a remedy of remarkable efficacy in some cases of neuralgia of the branches of the nervus trigeminus, and

that it also has the power of affording relief in other obstinate forms of neuralgia; that it is of use in certain cases of diffused muscular pain; that there is scarcely any remedy that is likely to prove more valuable for the relief of the distressing night cough of chronic phthisis. Its efficacy in procuring sleep seems very variable in moderate doses; its effect in purely rheumatic cases is scarcely appreciable, while for hysteria it is of little or no use.

Dose.—Dr. Yeo says:—"I am satisfied that in dealing with this substance we must give an unusually wide range to the dose, for its effects vary greatly. The doses I have given varied from 1 to 10 grains. In delicate females I have found very decided effects from doses of 2 and 3 grains; in strong males a dose of 10 grains is required to produce an appreciable effect. As may be expected, persons who have been accustomed to the use of anodyne medicines require larger doses than others."

The dose must always be proportionate to the severity and long continuance of the pain. I would advise that it should be given in moderate and quickly-repeated doses, until the amount of "tolerance in the medicine, in each particular case, has been discovered. In severe neuralgias, from 2 to 5 grains may be given every hour, or the smaller dose every half hour, until 15 grains have been taken. At present I do not think it safe to go beyond this dose."

I have made several experiments with different solvents to present this medicine in a convenient form for dispensing, and before seeing Dr. Yeo's paper I found that the addition of glycerine was of great assistance in making the solution. I can fully endorse his decision. The following formulary yields the strongest solution that is permanent:—

Croton chloral hydrate, - -	64 grains.
Pure glycerine, - - - - -	½ ounce.
Hot distilled water, - - -	1½ "

A syrup can be made containing 2 grains of croton chloral hydrate in the fluid drachm, by adding four ounces of simple syrup to the above solution, and the disagreeable taste may be removed by any flavoring the pharmacist sees fit to add.

The Treatment of Tympanites, or Meteorism.

A translation in the London *Medical Record* gives the views of the eminent Professor Oppolzer, of Vienna, lately deceased, on this subject:—

In the milder cases of meteorism, he for the most part employed friction of the abdomen with Hoffman's balsamum vitæ, carminative ointment, or spirit of camphor; the last of which seemed to him often the most effectual means of favoring the escape of gases and thus reducing the distention of the abdomen. Notwithstanding that, on the whole, this treatment was attended with as much success as was possible, it became evident that along with the action of the remedies described was combined that of friction; and Oppolzer for some time desisted from inunction, employing friction alone as a means of stimulating the nervous system. It is self-evident that inunctions can only be used in cases where there is no erysipelas of the abdominal wall.

Other remedies usually employed in cases of this kind are the carminatives, which act as stimulants of the nervous system. Oppolzer, however, was not a great friend of carminatives, as all more or less affect the head, and thereby bring more or less trouble to the patient. He generally used them only in cases where cold applications were no longer well borne.

When no good result could be obtained from these means, or when their use was contraindicated for special reasons, Oppolzer made abundant use of cold compresses, or, when these could not be borne, of warm moist ones. He held very strongly to cold compresses, and used them in special preference and with fortunate results. It must be remarked of cold bandages, that their use, when meteorism has reached a high degree, is indicated on the special ground that they are far more useful in exciting the intestinal movement than any of the other remedies. In applying them, it is advantageous at first to use water which has stood some time in the room, and gradually to pass to cold water, and then to ice-water and bladders of ice. The cold compresses, as used by Oppolzer, are soaked for some time in water, then wrung out, and laid on the abdomen, being covered with a layer of gutta percha. In general, however, they are badly borne by the abdominal wall; they are, however, an excellent remedy even in peritonitis. Their action, although it does not take place in all cases, consists in exciting the movements of the intestines. The escape of gases and the disappearance of meteorism may often be observed under their use. The distressing feelings which attend meteorism are also removed by the cold compresses, through the use of which the gases are condensed; the dyspnœa, however, which attends a high degree of meteorism is not relieved by them, as meteorism in this stage does not yield to either cold or warm compresses.

Oppolzer further observed, that peristaltic movements of the intestines, followed by evacuations, were produced by simply rubbing the limbs with cold water. A small quantity of vinegar may be added to the cold water in which the compresses are dipped, to increase the desired action.

A further remedy that has been used against meteorism, is the administration of clysters. Oppolzer used these only for the purpose of stimulating the rectum; and under their employment he has observed a discharge of fæces and gas to take place, followed by descent of the diaphragm, increased ease of respiration, and relief of the dyspnœa to some extent. Castor oil was generally added to the enemata, and for the most part did good service; but if it were desired to increase its action, more vinegar was added; this, however, can only be used in small quantity, as it has been known to

readily set up inflammation of the rectum. Oppolzer's usual formula for enemata consisted of a spoonful each of vinegar and castor oil, and a pint of water. Cold water and camphorated spirit may also be used.

The attempt has also been made to relieve meteorism by evacuating the intestines of gases by introducing a tube. When it is possible to reach the part of the bowel containing the gases, these indeed escape, and the meteorism is thereby removed; but if the tube reach a part filled with fæcal matter, its orifice is blocked up, so that no gas can escape.

A further endeavor has been made to pump out the gases by a piston, applied to the tube which is introduced into the bowel; but here also the apparatus can only act when the tube is in the intestine containing air, otherwise the fæces obstruct the end and prevent the passage of gases. In such a case, the attempt has been made to push the tube beyond the part of the intestinal canal where the fæces are contained; and if a passage be thus made and the piston drawn out, gases will escape. But it may readily happen that the mucous membrane of the intestine passes into and blocks up the upper end of the tube, and may thus be forcibly drawn into it. Such an occurrence is very dangerous, as it may give rise to inflammation of the mucous membrane; in some cases, indeed, pieces of the mucous membrane have been torn off, giving rise to the formation of ulcers.

Setting aside the fact that the pumping out of gases from the intestines must always be regarded as an essentially dangerous undertaking, it is further not always effectual; and indeed it is never necessary to use the piston, seeing that the mere introduction of the tube into the part containing gases allows their escape, without producing injury of the mucous membrane.

In very severe cases of meteorism, where it has not been found possible to remove the gases by the introduction of a tube, the cæcum has been punctured. This expedient is, however, a doubtful one; since it is generally difficult to reach the bowel, which has a tendency to slip aside from the instrument. If, however, one have the good fortune really to penetrate the bowel with the instrument, the muscular fibres will contract around and close the opening on its removal, so that no more air can escape. On the other hand, if the bowel have lost its contractile power, and this is very often the case, in consequence of its becoming paralyzed, nothing can be gained by puncture, for the bowel cannot contract. In such circumstances the fæces will escape through the opening into the abdominal cavity, and set up peritonitis.

When, therefore, the intestine is paralyzed, puncture should certainly not be attempted. But, as it is not easy to ascertain whether the distended bowel is paralyzed or not, puncture should, for this reason alone, be avoided, unless one wish to trust to good luck for the success of the operation. Only when it is positively known that the intestine retains its contractile power, is it right to make a puncture.

Oppolzer performed puncture once, when young, with a successful result; but afterwards he could never resolve to repeat it. When relief has followed puncture, it has been only of very short duration.

On Neurosal Headache.

Dr. C. Handfield Jones details ten cases of this disease in the London *Medical Times and Gazette*.

Of these two only were males. This large preponderance on the side of the females, eight to two, is probably accidental, as Dr. Liveing's much larger numbers show the proportion to be about five to four. As to age, four were probably under thirty, and five probably over forty, one about thirty-five. Hereditary tendency to headache was marked in three cases, and may have existed in others where it was not particularly inquired after. Gout was more or less prevalent in the families of cases two, three, and ten. Malaria seemed to be the cause in seven. Exhaustion and fatigue acted as provocatives of the attacks in one, four, and seven. Visual disorder occurred in one and eight. Hyperæmia of the head was apparent in two, eight, and nine. Pallor of the face was marked in seven. As regards the process which conditionates the headache, I am strongly disposed to regard it as consisting essentially in failure of nerve-life, rather than in irregular accumulation and discharge of nerve-force. The state of the sufferers is, for the time, evidently one of prostration; and anything that depresses the general power, either temporarily or permanently, promotes the invasion or rivets the hold of the malady. In case one the patient was evidently overworked. In case two the attacks were preceded by a sensory paralysis, and their supervention was attended with loss of memory and sense of confusion; moreover, insanity was prevalent in her family. All this points quite in the direction of infirmity or actual failure of nerve-power. Case three was unable to study more than two hours at a time, from brain-fatigue. He had been preparing for examinations. In case four the bad effect of worry and the good effect of recreation were very conspicuous. In case eight nerve-debility was extremely marked, and during the attacks her mental faculties were semi-paralyzed, or rather more. In case nine there was good reason to believe that the sufferer had inherited an infirm nervous system; and there was also the fact, of like import, that she had been laid up for five years with paraplegia, which, as it had disappeared, was probably a neurosis. In case ten the general condition was one of chronic hyperæsthesia and debility. Good reasons exist, as I have long tried to show, why pain should be regarded as a kind of paralysis, and most of the concomitant phenomena of migraine, the anæsthesia,

the occasional paralysis, the loss of memory, the aphasia, the confusion of mental faculties, the giddiness, and even the sickness, seem to me to belong to a state of lowered and deteriorated, not exalted or excited, nerve force. Even should there occur in any instance disorder, such as convulsion, which might be deemed indicative of "irregular accumulation and discharge of nerve-force," I should still regard this as essentially homogeneous with the other symptoms, for the reason that it may fairly be referred to loss of the self-controlling power which belongs to nerve-cells in the state of health. One of the marvels of the living body is that most nerve-cells, while duly supplied with blood, possess not only the power of evolving force, but also of regulating the discharge of that force. An athlete may stand ready for some great effort, with his nerve-cells charged, as it were, with force, or that which can produce force, yet not until the word is given is the energy poured out in forceful action. Surely all was in readiness before; the molecular matter of the nerve-cells continuous with the axis cylinders was on the verge of undergoing active change, yet remained quiescent. Of course this occurs under the influence of the will; but the point to be noted is that the will cannot always control a *deteriorated* organ.

A Real Remedy for Onychia Maligna.

A reviewer in the London *Medical Times and Gazette*, speaking of Prof. Vanzetti's monograph on this disease, says:—

"It is a happy thing that a remedy has been discovered which does away with all operative procedures, and cures onychia maligna rapidly and painlessly; namely, *nitrate of lead.* Dr. Moorloose, of Gand, was the first to notify this fact, in 1864, and his paper will be found in the *Abeille Medicale* (No. 16, April 17, 1865), but up to 1868 no one else seems to have made trial of it, nor was it mentioned in any work on materia medica and therapeutics except Trousseau and Pidoux's 'Traité de Thérapeutique.' In the eleven cases previously mentioned, which came under Dr. Vanzetti's care in 1868–70, nitrate of lead was used, and with unvarying success. Some of the cases got well with one application of the salt in powder to the ulcerated parts; some required two or three dressings. The ulcers soon lose their foul aspect, and granulate in a healthy manner, and then they rapidly heal. Thus one case of a year's standing was well in two weeks; no other treatment was used. And in all the new nail was healthy and perfectly shaped."

[The readers of the REPORTER will remember that Dr. Madison Marsh has lately called attention to the value of nitrate of lead in such affections. It must be little known, as we have asked for it at several retail drug stands, and it was not in stock.—EDITOR REPORTER.]

The Sulphides in Disease.

Apropós to the valuable suggestions of Dr. Sydney Ringer, on the medicinal use of the sulphides (quoted in the REPORTER, March 21st), Dr. John C. Thorowgood writes to the *Lancet*:—

"About ten years ago I had under my care a child afflicted with unhealthy strumous ulcerations in the neck and other parts of the body. The sores had thickened edges; and, in some, a small greenish slough formed. There was no evidence of syphilitic taint. Cod-liver oil and iodide of iron had no curative action, but on half-grain doses of sulphide of calcium in water a very striking amendment took place.

"I have found the sulphuretted potash of the B. P. an admirable remedy in many cases of glandular suppuration. In follicular tonsillitis, also, I have employed this salt with highly satisfactory results. One grain can be made into a pill, with a drop of oil of anise added as an effectual means of overcoming the abominable odor of the salt. When made, the pill may be coated with ethereal solution of tolu; this will not only conceal the smell, but will prevent the contained sulphide absorbing oxygen and becoming an inert sulphate.

"M. Tiry, of Paris, prepares capsules containing the sulphuretted potash. In these the salt is perfectly protected from the air, and in this form the drug is readily given to the most fastidious of patients."

Acute Rheumatism Treated by the Mineral Acids.

Dr. R. Clement Lucas writes to the *Lancet*, February 28: "A few years ago, after experiencing an attack in my own person, my interest became centred on this disease, and I for some time took notes of all the cases that entered the hospital, with a view of testing the value of the different forms of treatment employed. In doing so, I convinced myself that those cases treated with large doses of alkalies were longer in arriving at complete convalescence than those treated on an expectant plan; and I collected three or four cases in which peri- or endo-carditis became first evident after the urine had been rendered alkaline. I then determined, if an occasion offered, to test the effects of an opposite plan, which, supposing the alkaline treatment to be powerful for good, might be expected to prove injurious. Such an opportunity was afforded me in the summer of 1872, when for a time I was entrusted with the charge of Dr. Owen Rees' beds. All the cases of acute rheumatism which then came under my care were treated with mineral acids, and they all, with one exception, made rapid recoveries. The exception was a young woman who had had one or two previous attacks, and who suffered severely from cardiac mischief. She fell into a low, desponding, half-maniacal state, from which, however, she eventually perfectly recovered."

Hydrochloric acid was the one used.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Virginia Medical Monthly*, Dr. Landon B. Edwards editor and proprietor, will appear in April, at Richmond, Va. The *Virginia Clinical Record*, heretofore published in that city, ceases with the March number.

——Four new medical journals were started in Paris, in January. These are, *Journal de Thérapeutique*, by Professor Gubler; *Annales de Gynécologie*, published under the direction of Professors Pajot and Courty, and Dr. Gallard; *Archives de Toxicologie*, by Professor Depaul; *L'Ecole de Médecine*, a journal for the publication of clinical lectures and those delivered at the School of Medicine. The first is a bi-monthly publication, the second and third monthly, and the fourth weekly.

BOOK NOTICES.

The Puerperal Diseases. Clinical Lectures Delivered at Bellevue Hospital. By Fordyce Barker, M. D., Clinical Professor of Midwifery and the Diseases of Women in the Bellevue Hospital Medical College, etc., etc. pp. 526. New York: D. Appleton & Co., 1874.

In his preface, Prof. Barker says: "I have conscientiously aimed to hold, as it were, the mirror up to nature, so that the picture may be recognized at the bedside." In this the learned author has wonderfully succeeded. We are taken to the bedside, given the most minute details of the case, from its inception to its close, and then the symptoms, treatment, and pathology are carefully and ably discussed.

The first chapter, on Puerperal Convalescence, is truly invaluable. It recalls to our mind our oft-repeated expression, that obstetricians, or rather, those who attend the parturient female, are too ready to be satisfied with a few general inquiries, the morning report of the nurse or any other attendant, in place of seeing and knowing for themselves just how the case is getting on. We believe, with Prof. Barker, that our cases are sure to do well because of our immediate attention to the little things. Space will not permit our descanting at greater length upon this subject, which we hope, at no distant day, to offer to the medical public in another form. We shall therefore be content with a brief summary of the contents.

Following the chapter on Puerperal Convalescence, he gives "diet of puerperal women," a subject of vast importance, and upon which he is a man after our own heart; lacerations of the perineum; thrombus of the vulva and vagina; albuminuria; convulsions, in which we regret to find he differs from the vast majority of the profession as to the value of chloral, though he recognizes that of chloroform; lactation, mastitis, and mammary abscess, matters which are too apt to be left to the care of the nurse, and hence give an unlimited degree of trouble to the patient as well as the physician; mania; relaxation of the pelvic symphyses, rarely recognized or properly treated; phlegmasia dolens, on which subject, while paying a high compliment to our late fellow citizen, Dr. Chas. D. Meigs, he differs in opinion, and proves very conclusively the fallacy that this is crural phlebitis; thrombosis and embolism; a chapter which would well repay a careful perusal, as giving the key to many sudden deaths after labor, or mysterious symptoms; phlebitis, metritis, peritonitis, cellulitis, septicæmia and pyæmia, puerperal fever.

The charming manner in which the author propounds his own views, his entire freedom from dogmatism, the care with which he gives and examines the opinions of others, all make this volume valuable and intensely interesting.

Many years ago, in a review of the work of Carl Braun, on Puerperal Eclampsia, we took occasion to express the opinion that it was just such works that were demanded by the profession. We thus have presented to us a series of monographs, able and exhaustive, bringing our knowledge close up to the day, in place of vast volumes embracing a range of subjects herded together, often indiscriminately, too often merely giving a rehash of what has gone before, lumbering our shelves, bewildering the student, often glanced at and thrown aside in disgust and disappointment.

The book before us is a long step in the right direction. We congratulate Prof. Barker, the publishers and the profession, and feel assured that all who read it will arise from its perusal satisfied and grateful for the feast which has been spread before them.

A full analytical index, tinted paper, clear, good-sized type, complete the surroundings, for which all those who delve deeply into midnight lore should be thankful.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 28, 1874.

D. G. BRINTON, M.D., Editor.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editor disclaim all responsibility for statements made over the names of correspondents.

NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

THE MARCH OF THE CHOLERA.

It will not be long before public attention is drawn to the imminent danger of cholera in our land this year; and the probability of this occurrence cannot be too early considered by Boards of Health and all officials who have to do with cleaning streets and looking after what concerns the physical welfare of communities.

So far as mortality reports go, no cases of Asiatic cholera have appeared this winter in our western towns, where it prevailed in so malignant a type last summer. But Europe has not enjoyed this immunity. Munich had a re-visitation of the epidemic in November, and in spite of the high, cold, and dry situation of that city, the disease has steadily increased in virulence since that date. At last accounts the wealthier residents had generally left, and a feeling of terror had prostrated the commercial interests and social pleasures of the Bavarian capital. A dispatch of the last of February says: "The terrified population hardly leave the churches, nothing but bells are heard, and nothing but processions are seen. It is needless to add that business is almost at a stand-still, and that the distress is extreme. During the last week there were 55 cases, of which 25 were fatal. The total number of cases since the reappearance of cholera (Nov 15), is 2788, with 1303 deaths."

Some deaths occurred also in Holland, at Utrecht and Gouda, in February; Hungary and Southwestern Russia still report occasional cases; and the most superficial observer cannot fail to perceive the certainty of a severe outbreak of the disease in the early summer.

The outrageous and infamous neglect of cleanliness in this city will, to a certainty, invite it here; and if the persons responsible for the disgraceful dirtiness of the streets would only be the first victims, the pestilence would be a godsend. But such poetical justice is not likely to occur.

Empty discussions about quarantine are too apt to take away from the energetic adoption of active measures of prevention.

So far as recent studies go, the immediate cause of cholera is no better known than it was a score

of years ago. One interesting fact is recorded by two Indian observers, Dr. MACLAREN and Mr. HENNESSEY. They have indicated by a diagram the progress of the disease about Dehra, in the Himalayas. The diagram they drew consisted of curves showing the number of attacks each day, the daily deaths and recoveries, and the ultimate number of deaths and recoveries among each day's admissions. On comparing these curves with the Meteorological Register of the Observatory, no corresponding fluctuations were discovered (a complete calm having prevailed), except in the "elastic force of vapor," the curve of which had a singular coincidence with the sudden rises and falls of the other curves, rising with the recoveries as marked in them. The authors refer to their diagram as indicating that the curve of cholera-attacks rapidly rises to a maximum, and then falls as rapidly or descends gradually to zero; and also as accounting for the fact that any so-called specific discovered when the tide is ebbing may prove useless when applied while the curve is rising in a succeeding epidemic.

THE OLDER TEACHERS OF HYGIENE.

The attention which is now so pre-eminently bestowed on sanitary reforms and hygienic precautions is not, by any means, a peculiar characteristic of nineteenth century civilization. There is plenty of proof that the importance of preventive medicine was far more familiar to the very earliest legislators whose works have come down to us, than it is to the Health Board and sanitary officials of our own times.

No doubt this is largely attributable to the greater value of individual life, and the higher import of physical strength in the small, isolated communities of old, where the struggle for existence was carried on always against heavy odds. The Israelites and the tribes of ancient Greece were continually in imminent jeopardy of extermination by the mightier powers which bordered their territories. The Aryan Zends and the detached tribes of the Himalayan valleys were also thus forced to take every means to improve the race and cultivate the most perfect health among their members.

The laws of these and similar early tribes all abound in admirable sanitary suggestions, and we can well believe that a judicious writer could cull from, say, the Analects of Confucius, the Pentateuch of Moses, the Institutes of Menú, and the Vendidad and Avesta of Zarathustra, a body of hygienic maxims vastly more minute, sound, and far reaching, than any cotemporary compilation.

Take it especially in the relation of the sexes—and it is here that any real and permanent betterment of the race must start—and nowhere can we find more rigid rules than in those codes. These old lawgivers were evidently firm in the belief that the child is not only born but made, and that in its making the choice of a spouse, and the more intimate relations of married life, have nigh everything to do. They stood, indeed, on this subject, just about where Mr. GEORGE DARWIN (whose views were not long since quoted in this journal) stands to-day.

Though burdened at times with superstitious observances, none of the works to which we have referred are sullied by immorality. The late JOHN STUART MILL once said that "the coming religion" would rest especially upon two things, and the first of them is that men will become more and more impressed by the awful fact that a piece of conduct to-day may prove a curse to posterity centuries hereafter; and that this is pre-eminently true of sexual immorality these ancient legislators knew well. How severely they judged of it we may exemplify by a naive and striking passage from the Vendidad of Zarathustra, the sacred book of the Parsees, composed about 2000 years before our era.

We take it from Professor SPIEGEL's translation:—

"He who goes with a maiden and makes her pregnant;

"If the maiden says, 'I am with child by this man;"

"If then this man says: 'Make friends with an old woman and ask her;'

"And this old woman fetches bana, or shaeta,

or ghnana, or frazpata, or any other of the plants which loosen the fetus;

"Saying, 'Come, kill the child with this:'

"If then the maiden seeks to kill the child;

"Then the maiden, the man and the old woman are equally guilty.

"Seven hundred blows shall they have with the horse goad." (*Vendidad*, Fargard XV).

Of these four abortifacients the only one identified by the modern commentators is the first mentioned, which is said to be the *cannabis sativa*.

Many such passages could be quoted from this and the other sacred books of the Parsees, replete with severe morality and an enlightened sanitary spirit. Largely to the influence of such teachings must we attribute the vitality of those Aryan and Semitic tribes who have maintained their national unity long after their national power was broken, and after the ties of locality had been torn in fragments by mightier but more evanescent commonwealths.

Notes and Comments.

Therapeutical Notes.

IODIC ACID IN TUMORS.

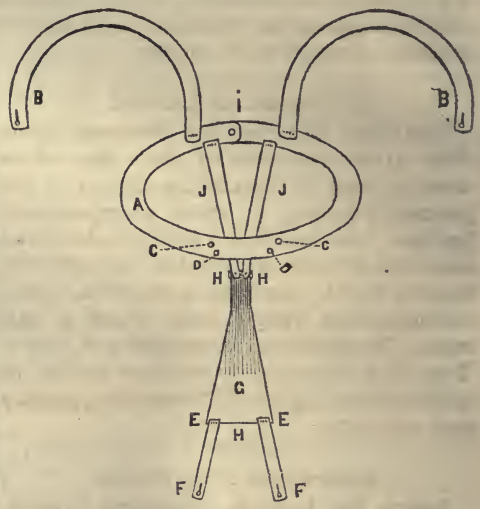
Dr. Luton, of Rheim's School of Medicine, has drawn attention to the remarkable success he has had in the dispersion of glandular and other tumors by the use of iodic acid applied hypodermically. Goitres have been so treated. The solution he uses is one part of the acid to four of water. A sharp local reaction but no material inconvenience follows.

NOCTURNAL INCONTINENCE OF URINE.

M. Surmay advises the use of the catheter in such cases, as leading to positive good results and to cure. M. Tanvelle advises, in children more especially, the following pill at night:—Ext. belladonna, camphor and castor, proportioned to the age of the patient.

A Useful Supporter in Varicocele (Cirsocele).

A valued correspondent, who for years has suffered from this affection, sends us the description and a sketch of a bandage which he has found of the greatest use and comfort to him. The suggestion of it he owes to Dr. Martin Paine, of New York City. Cirsocele is often associated with hemorrhoids, general vascular weakness, colic, etc. Persons afflicted with it should sedulously avoid constriction about the hips, excess in wine or venery. None of the operations, our correspondent observes, recommended to cure radically this defect can be depended upon to do so, and often entail painful neuralgic sequelæ, and occasionally are followed by the death of the patient in consequence, as for example, Dr. C. Rogers, of New York City, who some years since died from the Malgaigne operation. The bandage recommended is made of stout linen, and its construction will readily be understood by studying the subjoined diagram and explanatory text:—



a. Band, double cloth, two inches wide, to encircle the waist; should fit loosely.

b. b. Long straps, which may cross behind the shoulders, like suspenders, and come over each shoulder in front; fasten to upper border of waistband by buttons or buckles.

c. c. Buttons to fasten long straps in front.

d. d. Buttons to fasten short straps which connect with perineal piece at the corners *e. e.*

f. f. Short straps which button to waistband in front, at lower border (buttons indicated by *d. d.*)

g. Perineal piece a little broader than the hand in front; behind plaited, where back straps are fastened, at *h. h.*

The edge of the perineal straps *h* should come up in front of the os pubis, the scrotum resting about the centre of the cloth marked by the letter *g*.

i. Fastening together of waistband by button.

j. j. Straps which are sewed to waistband at lower edge and connected with perineal piece.

Judicious Temperance Laws.

The *Penn Monthly* remarks that the only sensible attempt to control the liquor traffic is the Swedish one. The number of public houses in a given district, the days and hours at which they are to be open, and the conditions under which they may sell, are all fixed by law, and the privilege of opening these is disposed of at public auction. An association of the friends of temperance buy the privilege, and keep these houses in their own hands. Pure liquors only are sold, and coffee and other beverages are to be had over the same counter. Rooms are kept pleasant and cheerful; innocent games and newspapers are furnished, and the net profits are expended in charity.

Spontaneous Combustion.

The local editor of the *Wisconsin River Pilot* sends us a piece of the cotton cloth dressing used in the case mentioned in this journal February 1, which spontaneously ignited. The fact that linseed oil and cotton rags take on such combustion is familiarly known to fire insurance companies, many conflagrations having been traced to this cause. The piece sent is scorched and brown. That this inflammable mixture should be used as a dressing has in it something ghastly and ludicrous.

Hypertrophy of the Clitoris.

Before the London Obstetrical Society, lately, Dr. Aveling exhibited a clitoris symmetrically hypertrophied, which he removed from a patient, aged 27, in the Chelsea Hospital for Women. It measured 2⅛ inches in length, and the circumference of the glans was 1¾ inches. So much irritation was caused even by the dress of the patient touching it, that her life was rendered miserable.

The Boston *Medical and Surgical Journal* recently contained an account of an African tribe whose females artificially elongate this organ "as an ornament." *De gustibus*, etc.

Farmer Boys as Students.

A correspondent takes to task the medical student who expressed his views on education in our number for February 7th. He rightly says:—

"In these modern times the rural districts afford equal advantages for mental, and I am quite sure the physical, as our present quarters or the average City schools. If we the farmer boys with ruddy cheeks and brown hands seek diligently, win the prize, and *go to hum* morally good and armed with sufficient perseverance, do become great men, why should the more *cultivated* brother complain?"

We think these words are entirely true; but we did not understand the student to depreciate farmer-boys *quoad* such, but only the practice of putting those to physic who were too dull or weak for the counter or the plough.

Correspondence.

The Importance of Diagnosis.

Ed. Med. and Surg. Reporter:—

The tendency to prescribe for symptoms, without thoroughly examining the patient, is one often fostered by sentiments of mistaken delicacy, as well as by indolence. The injury often done patients by this timidity is well illustrated in the following cases:—

Miss ——, age about thirty, came to my office for advice. Stated she had been suffering for some time with a troublesome cough, and had been under treatment by her family physician, who said she had incipient stages of consumption. She brought with her a cough mixture which she had been taking, without benefit, and she desired that I would examine her case and prescribe for her. I examined her chest thoroughly, and found nothing abnormal, and then I began to question her, and give her my reasons to believe her cough was sympathetic, and before prescribing I would have to examine her case more thoroughly. As a sensible lady, she said she was willing to submit to anything I deemed necessary for her relief. In the presence of a relative who was with her, I made a digital examination of the uterus, the location of the seat of her disease, as I thought, from the symptoms, and found the womb prolapsed, and somewhat retroverted, and within the os I could feel a small round ball slightly protruding. I told her my examination had gone just far enough to confirm my belief, and to be satisfied I would have to use the speculum (which I explained to her), and upon examination with the speculum I found just within the os uteri a small polypus, hanging by a small pedicle. I made known to her the fact, and advised its removal, to which she readily agreed, but expressed a desire to return home first. She did so, and in a few days returned, and I removed the polypus, and since she has not been troubled with cough or any unpleasant symptoms. Now here is a case in which symptoms had been prescribed for without finding out the cause.

The second case was a Mrs. ——, aged, I suppose, about thirty-five. She came to me for advice, stating that she had been under treatment by two physicians for liver and kidney disease, and then all her teeth were

loose and mouth sore from taking calomel. For some time she had suffered with a constant desire to urinate, and could pass but little at the time, pain in right side, disordered stomach, constipated bowels, etc. Upon examination of this case, I found procidentia of the womb, with the os about one inch externally and dry. I asked if she had never been examined, or been told there was a probability of something being the matter with her womb; she replied in the negative. I adjusted the uterus, applied a pessary, put her upon a tonic plan of treatment, and soon the irritation of bladder ceased, general health improved, and she was able again to attend to her domestic duties, which before she had employed an assistant to do. B. P. REESE.

Staunton, Va., March 10th.

Alum in Burns.

ED. MED. AND SURG. REPORTER:—

The value of simple and generally accessible remedies has engaged my notice from reading, in your "Half Yearly Compendium," the article on the "Treatment of Burns and Scalds with Sulphate of Iron." The application is a solution of a drachm of sulphate of iron to a pint of water, applied three days after a scald, in its suppurating stage, affording speedy relief, and after brief treatment a perfect cure.

Alum, in saturated solution, in its immediate application after a burn or scald, as a special remedy, is as well worthy of "ardent recommendation," as that given by the author of the above, I. H. Pooley, M. D., in favor of his favorite remedy, sulphate of iron. Both are simple remedies, and commend themselves especially as being within reach of every household, however humble, and every physician, no matter what distance from a drug store.

In the many cases in which I have applied this remedy successfully I will select the following:—

CASE I.—A little girl, aged three years, accidentally stepped on the lid of a bake oven, heated for baking bread. Her foot was immediately put in a saturated solution of alum water, and kept there till the pain had partially ceased. It was then wound up in cloths, and kept wet with the alum water, until the pain entirely ceased. The foot did not blister, and was well in two weeks, with a thick hard crust on the bottom, that gradually desquamated.

CASE II.—A colored man, aged about thirty-five, in June, 1873, had collected some bombshells that had lodged in the bank of the river during the siege of Port Hudson, at least ten or eleven years before, just above high water mark. They had been exposed by a recent cave in the river bank. He had several, one, I should judge, by the eye, to be eighteen inches long and from six to eight in diameter. The use of them during the war was called "shooting lamp posts." Our *colored brother and fellow citizen* procured a sledge hammer, and went for the big fellow eagerly, prospecting for powder. He hit it a few times with all his power; it then exploded, throwing him twenty feet into the river, blowing a hole in the ground as big as a hogshead, and sending fragments across the river over a mile distant, cutting down trees from four to six inches in diameter. His friends rescued him from the water, took him home, and I was with him within half an hour. He was not injured at all by the fragments of the shell. But from the burn and powder he was frightful to look at. Shirt torn and burned off; his face, anterior part of the neck, thorax, and abdomen and arms completely charred. His pulse full, natural in frequency, the shock and concussion completely relieved by the cold bath in the river. Cloths wet in a saturated solution of alum water were immediately applied, and soon greatly relieved the pain. Prescribed a saline cathartic to be given immediately. Next day found him much swollen but not in much pain. Kept up the treatment for nine days, then removed the dressings, and found a well formed cuticle over nearly the whole surface. A little purulent secretion from the eyes and a few other points. Olive oil was then used as a dressing, and in three weeks from the time of injury he was well. His eyes are rather weak, but sight good. The skin on his face looks a little constricted, and he says it feels too tight. I think nothing could be more satisfactory in the therapeutics of burns than the alum in this case.

We can note this down, too, as the last gun or shell of the Rebellion at Port Hudson. MADISON MARSH, M. D.

Port Hudson, Louisiana, Feb. 25, 1874.

Chloral in Asthma.

ED. MED. AND SURG. REPORTER:—

To one having a definite idea of the pathology of asthma, reflex paroxysmal contractions of the muscular fibres of the bronchi, it seems to me that of all contra-indicated agents, chloral would be the last suggested. Chloral seems to produce congestion of the lungs, and to aggravate, in a marked degree, the condition of persons suffering under organic thoracic diseases, and how many asthmatic patients are thus afflicted, is well known. Once, before I was acquainted with the action of chloral, I gave it to a lady suffering with asthma. The agony it produced beggars description. I administered atropia hypodermically, and, contrary to my expectations, my patient recovered.

Chloral seems to be antagonistic both to stramonium and belladonna, and, I believe, will prove to be antidotes to them—chloral to stramonium and belladonna, and vice versa. The case of stramonium poisoning treated with chloral, reported by me in a previous number of the REPORTER, with such marked success, and the ill effect produced by chloral in asthma, are so much evidence to sustain this view. Shortly after chloral was introduced into this country, a

physician of this city administered half a drachm to an old lady suffering from a paroxysm of asthma, and the next morning the result was signaled with black crape. Chloral did not cure that case.

C. G. Polk, M. D.

Philadelphia, March, 1874.

News and Miscellany.

Autopsy of Senator Sumner.

An autopsy of this eminent man was conducted, March 16th, by Drs. J. B. S. Jackson, C. Ellis, and R. H. Fitz, and a report written out as follows:—

"The left coronary artery, in a considerable portion of its length, was so much ossified that its calibre was diminished at least one-half. The right coronary artery was slightly atheromatous and considerably enlarged. The cavities of the heart were dilated, especially the lower third of the left ventricle. The walls of the ventricle were generally thinner than usual, especially so at a point an inch and a half from the apex, over a space two-thirds of an inch in diameter.

"In the vicinity of this were several small clots of blood, some of which had probably formed before death. Nothing abnormal was found in the brain or other organs."

Dr. Brown-Sequard, who was present, said that no traces of the assault committed by Brooks were discovered in the brain.

Scarlatina in Providence.

For several months a rather severe epidemic of scarlatina has continued at Providence, R. I. Dr. E. M. Snow, city registrar, says, in his last report, five of the twenty-three deaths from scarlatina in February were reported as caused by dropsy, and it is probable that one-half, or more, of all were from this cause. The dropsy usually results from too early exposure to cold after having scarlatina, and often occurs after the mildest cases of the disease. This might be, to a great extent, prevented by greater care on the part of parents.

The Health of Rome.

In spite of the general impression of the unhealthiness of Rome, it appears, from the statistics of the city, that last season there were but 20 deaths for 17,000 foreign visitors, of which 7 are described as from typhus, 5 from typhoid, probably all 12 from enteric fever, and 1 from pernicious fever, the name given to a severe form of intermittent. Three of the typhoid cases were imported, while only nine of the twenty died from disease contracted on the spot. Thus the death-rate among foreigners was only a little over 1 per 1000. This, however, must not be taken as absolutely correct; for some who were very ill in Rome died in other towns.

Personal.

—Dr. Paul Schœppe was arrested a week or two since, in Baltimore, on the charge of being "a common swindler," and was committed to await the action of the Grand Jury. Numerous papers, including several railroad passes, all bearing the name of "J. P. Schulenberg," were found in his possession. Very recently he was acquitted of forgery on the Relief and Aid Society, of Chicago, through the testimony of Rev. M. Schœppe, of Napiersville, Ill. *Un mauvais sujet.*

—Dr. Edward Warren, formerly of Baltimore, Md., has assumed the duties of Surgeon-in-chief on the staff of the Khedive of Egypt. Since his arrival in Egypt he has rapidly gained the favor of the Khedive. Recently he was accorded the titles and honors of a bey by a special firman of the Khedive, issued as a reward to Dr. Warren for saving the life of the Minister of War by a remarkable surgical operation.

—Poor old M. Raspail, an inoffensive scientific dreamer, who wrote the *Medecin des Familles* and recommended for every disease a pet preparation of camphor (which he *gave*, not sold), has been sentenced, at eighty years of age, to two years' imprisonment, for publishing a republican pamphlet.

—The seventieth birthday of the venerable and distinguished Rokitansky was celebrated at Vienna the last week in February. On that day the Professor was fêted by the Vienna Academy of Sciences, and received the most honorable decorations from the Emperor of Austria and the King of Italy.

—Dr. Purser has been elected Professor of the Institutes of Medicine in the School of Physic in the University of Dublin, *vice* Dr. Robert Law resigned.

—Professor Kolliker has declined the invitation to a chair in the University of Bonn, which was lately offered to him.

Increase of Paralysis

The *Hartford Times*, commenting on the numerous cases of apoplexy and paralysis which have occurred in that city, remarks: "What causes so constant a succession of these cases of paralysis? Beyond doubt the increase of this fatal disorder, whatever may be the reason, is out of all proportion to the increase of population. It occurs in all quarters of our land, and it seems to be increasing in Europe."

Recent Pension Enactments.

Last week, in the House of Representatives, bills were passed restoring to the pension list the names of soldiers of 1812 stricken therefrom for disloyalty; granting $30 for an artificial eye to soldiers who have lost an eye; and providing that in case of death or remarriage of a pensioned soldier's widow, or death of his orphan children, the pension shall revert to the dependent father, mother, or other relative.

The British Troops in Ashantee.

The British troops suffered considerably from the effects of the climate of the West Coast, in their late war. A letter from a very reliable source, dated Cape Coast, January 27th, gives an unpleasing view of the situation:—

"There is now a surprising amount of sickness here, and the tendency appears to be for it to increase. Dysentery of the scorbutic type, with early dejections of pure blood, and bilious remittent fevers of a rather severe character, are the two forms of disease which, either separately or in conjunction, prostrate the European soldiers. The sick are now filling the hospitals to overflowing."

Death from Excitement.

The alleged death from religious excitement, reported in this journal (March 7th, p. 227), is denied by the New York *Examiner and Chronicle*. That paper states the deceased was on her way to church when death occurred. Our account was taken from the dailies of this city, which gave many circumstantial details of the occurrence differing materially from those in the *Examiner*.

The German Hospital.

In the German Hospital, of this city, a meeting took place last week, between the physicians of the institution and a committee of the Board of Managers. Plans for the new hospital were exhibited, and various improvements suggested. The Medical Board organized for the present year by electing Dr. F. H. Gross, Chairman, and Dr. J. P. Trau, Jr., Secretary.

—A bill has passed the United States Senate, providing for the appointment of a committee of five, to investigate the bearing of the manufacture and sale of alcoholic liquors upon the public welfare. This commission will thoroughly consider whether the ignorance, crime, neglect of business, wasting of money, sickness and death, resulting from the abuse of liquors in the United States, viewing it from a dollar and cent standpoint, do not cost us, as a people, as much as we derive revenue from these sources.

—A female graduate of the medical department of Iowa University has taken the first prize for the best performed dissection in surgical anatomy, in a class consisting of twenty-four young men and one other young woman.

—The Atlanta *Medical and Surgical Journal* says that "Normal Ovariotomy was performed in New York city, in November last, and on February 17 the patient, a young lady, was discharged perfectly cured, and has gone home to be married.

—M. Bouchardat says, in a paper relating to the reconstruction of the Hôtel-Dieu, that, other things being equal, the mortality is not greater in large hospitals than in small.

—The Dartmouth College crew has discarded rowing weights, as tending to give a twisting motion to the stroke, and regular general exercise in the gymnasium is chiefly relied upon in the training of the men.

OBITUARY.

DR. J. W. BARTLETT.

Died at Quincy, Ill., March 5, Dr. J. W. Bartlett, of pneumonia. Dr. Bartlett was born at Barbadoes, West Indies, on the 23d of October, 1811. He came to New York when young, and began the study of medicine in that city. He subsequently attended the University of Pennsylvania, where he graduated. In 1837 he went to Quincy and located there, began the practice of his profession, and has been a resident of that city ever since, excepting one year (about 1851), when he resided in Brunswick, Mo. The Adams County Medical Society, of which he was an early member, passed appropriate resolutions of respect and condolence.

DR. JACOB S. HELFRICH.

Dr. Helfrich departed this life on Sabbath, February 22d. Dr. Helfrich came to Philadelphia some years ago as a young business man. Subsequently he graduated with honor in the Pennsylvania College of Medicine. For some eighteen years he practiced his profession with gratifying success. Though highly cultivated mentally and socially, he was modest and unassuming, pursuing his path of duty as a Christian and physician, quietly but firmly.

BIRTHS.

GARRISON.—At De Witt, Ark., Feb. 7, 1874, Lynn Garrison, son of Dr. J. B. and Mrs. Gulnare Garrison.

MARRIAGES.

HALBERT—HAGAR.—In New York City, on Thursday, March 12, 1874, at the residence of the bride, by Rev. E. O. Flagg, D.D., John S. Halbert, M. D., of Galesburg, Mich., and Lucia Clark, youngest daughter of the late Henry Hagar, formerly of Buffalo.

DEATHS.

BREMOND.—In New York City, on Wednesday morning, March 4, 1874, Catharine Bremond, widow of the late Dr. Paul B. Bremond, in the 81st year of her age.

BROWN.—Thursday, March 5, of diphtheria, Freddie Monfort, only son of Dr. and Mrs. W. T. Brown, aged 2 years, 4 months and 17 days.

HAIGHT.—On Thursday, March 5, 1874, at his late residence, Pleasantville, Westchester County, N. York., C. W. Haight, M. D., aged 54 years and 13 days.

JONES.—At his late residence, on Kemper Lane, Walnut Hills, Robert Jones, father of Dr. A. E. Jones, aged 78 years, 3 months and 20 days.

LLOYD.—On the 13th instant, David Corey Lloyd, M. D., aged 37 years.

MORRILL.—On Friday, March 6, Henry E. Morrill, M. D., in the 61st year of his age, at his residence, No. 78 Orange street, Brooklyn.

SLACK.—At Fishkill, on Hudson, on the 3d inst., of scarlet fever, Helen M., daughter of Dr. Henry and Frances M. Slack, aged 12 years.

THE

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Original Department.

Communications.

TUMOR OF THE IRIS AND CILIARY BODY.

BY DUDLEY S. REYNOLDS, M. D.,
Of Louisville, Kentucky.

The subject, Mr. F., about twenty years of age, good constitutional vigor, a farmer, of La Rue county, Kentucky, got the bit of an inch auger driven into the eye, through the corneo-sclerotic, forming a puncture, evacuating the aqueous humor so suddenly as to cause prolapsus iridis. The physician who saw the case at the time very wisely snipped off the extruded portion of iris, and the wound healed very promptly. The vision was almost wholly restored.

In November, 1873, Mr. F. noticed that this same eye was tender to the touch and slightly inflamed, with little points of a grayish-brown color lying in the edge of the artificial pupil, at the inferior peripheral extremity of the iris. Soon a white speck appeared at the upper edge of the patch, the symptoms of inflammatory action having gradually augmented in severity. At last a white body, apparently the size of a pea, occupied the lower half of the anterior chamber; vision greatly disturbed; intense photophobia, with circumorbital pain and tenderness of the eye to the touch, along with great tension of the globe, and considerable conjunctival engorgement.

The patient was chloroformed, 23d of January, 1874, and, with the assistance of Dr. Wm. Bailey, a wide incision with a Beer's knife was made just within the scleral margin. I then seized the iris with forceps just above and to the temporal side of the tumor, hoping to bring it away, and thereby cutting off the portion of iris brought out, thus to get rid of the growth. But I was chagrined to find the iris rotten, attenuated, giving way at the slightest touch. I next grasped the tumor, and, finding it firmly adherent to the corneal lip of the incision, severed this attachment, and, making very gentle traction, removed only the more anterior and central portions of the growth. The next step was to seize the capsule of the cyst, and by tearing very cautiously from side to side, and from behind forward, I at length succeeded in effecting its entire removal, at the expense, however, of the capsular ligament of the lens, and some vitreous humor. I thought, at the time, I had wounded the crystalline lens.

The tumor was, at its base of attachment, formed of dense fibrous tissue, which had been extended on, gradually becoming thinner in the course of its extension, to form a complete capsule or cyst. In this cyst was a quantity of cheesy matter, presenting precisely the same appearance as that found in sebaceous cysts about the face, neck, and scalp.

The loss of vitreous; the violence done to the lips of the scleral incision, in the prolonged manipulations necessary for the removal of the tumor; the extent of the incision, with a marked degree of gaping, induced me to close the wound with an interrupted suture, which was introduced according to the plan adopted in cases of cataract extraction, by Prof. Henry W. Williams, of Boston. The eye was closed with a light

bandage, a four-grain solution of atropia having been dropped into the eye previous to the bandaging. The patient slept for three or four hours, awaking about five o'clock, P. M., with intense pain in the brow and temple. He got hypodermically one sixtieth of a grain of the sulphate of atropia, combined with one-fourth of a grain of sulphate of morphia, into the subcutaneous tissue over the right shoulder blade. At bedtime he got five grains of calomel, one of opium, and two of the extract of belladonna.

January 24th, 11.30 A. M. Mr. F. had a good night's rest; has had no stool since the day before yesterday. Directed half ounce of Rochelle salt, to be taken in water. The eye being comfortable, the dressing was not disturbed. At 4 o'clock P. M. the pain in the eye, brow, and temple was so intense that I was summoned in haste. I removed the dressing at once, tapped the anterior chamber at the outer angle of the scleral incision, instilled between the lids the atropia drops, and applied a wet compress as tightly as was consistent with the patient's comfort; I then ordered fifteen grains of the sulphate of quinia, to be taken at one dose, immediately. The bowels having acted freely, I left instructions for him to have one-fourth of a grain of morphia, in case the pain returned; directing at the same time that the same quantity be given every half hour during the persistence of the pain.

January 25th. Mr. F. expresses himself as being quite comfortable, and desires permission to go home to-morrow. The treatment from this time on consisted in the local use of the atropia drops above mentioned and five-grain doses of the iodide of potassium three times a day. On the 27th day of January Mr. F. returned home. He writes me, on the 14th of February, "my eye is getting along very well; it is not much inflamed, and I can see to count fingers, etc., across the room."

Though this eye is not yet well, there are these remarkable features about the case: the rapidity with which this tumor developed; the caseous contents of the cyst, and the great extent of surface to which the very densely fibrous base of the growth was attached; the very slight damage from so extensive a mutilation, involving loss of vitreous, destruction of the attachment of the capsular ligament of the lens, extensive contusion of the ciliary substance and iris, as well as the ciliary muscle. And withal there is now no evidence of fatality to the vision of this eye, which was once before seriously wounded by being punctured with the bit of an inch auger. Mr. Bowman showed that injuries of this kind, penetrating wounds, are most commonly found to have previously occurred in cases of non-malignant tumors of the iris, and especially cystic tumors. The observations of Mr. Hulke and others confirm this notion. The nature of cystic growths of the iris and ciliary bodies is generally simple. But one other case of sebaceous contents in a fibrous cyst, originating in the irido-ciliary region, has, so far as I know, been yet recorded. I allude to the well known and oft quoted case which occurred in the practice of the late Prof. A. Von Graefe.

NATURE'S EMBALMING.

BY T. D. CROTHERS, M. D.,
Of Albany, N. Y.

In 1870 I witnessed the disinterring of a body which had lain over half a century. The form and features were complete, and the eyes and hair seemed perfectly lifelike. The coffin had been replaced by a layer of soil which moulded itself to every line and elevation of the body. In the act of removing it to a distant cemetery it dissolved into a few handfuls of dust. The condition of this body seemed hard and clammy, although not adipocere. The soil was light and dry, with a limestone bottom. The bones could be plainly felt, as harder than the muscles, and the joints moved with a creaking sound. The weight appeared unchanged, and no part of the contour of the body was shrunken. The suspension of the laws of decomposition in this case, and the retention of the form and framework so complete, are hints of the possibilities of nature's laboratory, which the chemist and physician would do well to study. Among the most remarkable instances of nature's embalming recorded, we might mention that of three Roman soldiers, fully equipped with warlike implements, and in a perfect state of preservation, which were dug out of a bed of peat near Langford, Ireland, in 1569. In all probability they had been buried over fifteen hundred years. Certain weapons found with them, and old records of invasion, confirm this theory. The narrator of this incident details the perfectly fresh and natural appearance these bodies re-

tained, but after a time he declares they dissolved into dust, and were no more.

Another authentic case is that of Canute, the Dane, who crossed over to England in 1017. In 1776, some workmen, who were repairing the Cathedral of Winchester, came across the body in the most perfect state of preservation. From the inscriptions, it was Canute, who had been buried nearly seven hundred and fifty years. The excitement among chemists and physicians in the neighborhood was very great for a time. The body was natural, and seemed to have been buried only a short time, so perfect was the hair and color of the skin. A picture was made of it, and measurements were taken; finally it faded, and fell to pieces after a few days. This body was interred in a wood and metal coffin. Pieces of the metal yet remained, but the body was exposed to the action of the soil. The tomb of Edward I, of England, was opened four hundred and sixty-three years after he was buried, and the body was found to be in a perfect state of preservation. This is not so remarkable when we consider that in all probability it was prepared to resist decay by both drugs or disinfectants, and placed in a perfect stone coffin or tomb. A Bishop in London, who died in 1404, and was buried in St. Paul's Cathedral, was disinterred in 1666. His body was found to be firm; the skin, hair, joints, and nails were all natural in color and not shrunken, although it had lain there no less than six hundred and sixty-two years. In 1600 the corpse of the Marquis of Dorset, which had been buried over a century, was exposed to view, and found entire. The eyes seemed glistening and full, and the hair all arranged smoothly, as in life; the joints were firm, and moved readily, but, as in the other cases mentioned, it soon dissolved on exposure to the air. A very remarkable instance is that of a Portuguese jeweler, who, while pursuing his occupation in the City of Mexico, in 1595, was accused before the tribunal of the Inquisition, and, after suffering a variety of tortures, was condemned to be buried alive in a vault in the Convent de St. Domingo, in that city. In 1865 the Convent de St. Domingo was torn down, and search was made for some treasure supposed to be concealed there. In a vault, where the inscriptions on the door indicated the jeweler had suffered, his body, and that of his daughter, were found entire. His daughter, only two and a half years old, was found crouched at the feet of the father, perfectly preserved. The evidences, on the body of the jeweler, of great torture were very apparent. In one respect the appearance did not coincide with the record which was handed down, affirming that he was walled up in the vault and left to die. But the position of the body and hands showed that he was suspended by the neck and body until death. Marks of the indentations of the cord were seen on both neck and body, and scars where he had been tortured by burning irons were apparent. Not the slightest trace of decomposition could be found. The skin was natural in hue and texture, and the hair firm and unchanged. These cases might be multiplied almost indefinitely. They indicate a chemical condition of the body, whereby all the fluids and solids are fixed and held in suspension, and all the tissue and cell forms retain their natural characteristics. This is a degree of embalming never attained by the most skillful workers of the art in Egypt. It is probably owing to a peculiar chemical condition of the body at the time of death, and other favoring circumstances in the place of interment. If a careful note should be made of every case revealed, and equally accurate notes recorded of every death and interment, a comparison might show the exact condition which would perpetuate or preserve the body indefinitely by a natural process. Such an attainment is not impossible.

MIXED TYPE IN FEVER.

BY F. K. BAILEY, M. D.,
Of Knoxville, Tenn.

In malarious regions we often find cases which do not retain the type or peculiar features which were at the onset characteristic. Generally, a pure intermittent will continue unchanged throughout its course, and if otherwise it will be owing to some contingent circumstance, or peculiarity of constitution. In an old case-book I find notes of the history of a case which will illustrate the point above alluded to. The symptoms were such that I deemed them worthy of record.

Sunday, 7, A. M., July 23d, 1848, was called to visit Mrs. M., about thirty, married, and mother of two children. Good previous health, having passed through some seven epidemics of fever since 1846. During the fourteen days previous, she had felt, with more or less regularity, chills, with symptoms of what was then commonly known as "dumb ague." She had

been about the house and attended to her ordinary duties every day. Had felt pain in the right side, over the loin, and the bowels were constipated. The trouble had been considered as merely ague, and no physician was called in. Two days before I was called, to obviate the torpidity of the bowels and remove bilious matter, she had taken a dose of "Sanative Pills," which had acted very freely, and followed them with "Jayne's Ague Pills," which kept up the looseness. I found her with diarrhœa and some nausea; loathing of food; tongue covered with a cinnamon-colored coat, and somewhat dry; tenderness on pressure over the epigastrium; pulse eighty-five.

Prescribed Dover's powder every four hours through the day, with a full dose of sulphate morphine at 9 o'clock, P. M.

Monday morning, 24th, patient had slept quietly and felt better till one o'clock, A. M., when she commenced vomiting, and continued to do so occasionally till morning. Pulse eighty, skin somewhat moist; bowels moved two or three times during the night; continued Dover's powders. Eight P. M., more feverish and restless; continue powders, with one full dose of morphine.

Sunday morning, 25th, condition unchanged. Eight P. M., pulse one hundred; full and hard; great thirst; very uneasy, cannot rest at all; gave small doses of calomel, opium, ipecac, and pulv. digitalis, every four hours. Sinapism to epigastrium.

Wednesday morning, 26th, no better; pulse ninety-six; pain in back and lower limbs; bowels still moving freely; becoming weaker every hour; great nervous irritability, and very impatient. Continue Dover's powders, with twenty minims tinct. castor ever four hours. Eight P. M., feels some better; skin moist, but very hot; tongue cleaner; continue same medicine, with bland milk diet.

Thursday morning, 27th, more comfortable; slept some during the night; four free evacuations from the bowels, offensive and dark in color; pulse one hundred, and full; no pain; some inclination to eat. As the diarrhœa returned every night, gave sulph. quinine, two grains, every four hours, with tinct. castor twenty-five minims, and pulv. Dover P. R. N. Sinapism to pit of stomach and extending downward to the abdomen; diet, flour porridge, and ice water for drink.

Friday, seven A. M., 28th, pulse seventy-six and soft; tongue cleaning; no evacuation since Saturday morning till daylight this morning; retained quinine, except one dose; complains of ringing in the ears; has had some sleep, and says it is the only rest she has had since her sickness; to take Dover's powders and digitalis every four hours, alternated with tinct. castor; diet to be more liberal.

Saturday morning, 29th, 8 o'clock. Improvement since yesterday morning; slept well during the night; bowels moved once this morning, with some pain; pulse ninety; some appetite; tongue whitish, with a moist coat; continue medicine.

Sunday, 8 A. M., 30th; bowels moved copiously twice this morning, which produced considerable debility; pulse ninety-six, and full; tongue moist, but coated and dark at the base; no pain; some rumbling in the right side of the abdomen; slept a little; to continue Dover's powders, with sinapism to bowels.

Monday, 31st, 7 A. M., pulse seventy-six; tongue looks better; bowels moved twice during the night; much debilitated from copious sweating, having slept very soundly; considered, on the whole, more comfortable; to take infusion serp. virginian. every two hours, with Dover's powders to control diarrhœa; to have nourishing soup. Nine P. M., has been feeble during the day; pulse at one time fell to sixty, and weak; tongue cleaning; one evacuation since noon; some inclined to eat; very drowsy, and if allowed to sleep too long will sweat profusely; much enfeebled in consequence; to have brandy and water with serp. virg. every two hours.

Tuesday, August 1st, 9 A. M., a little better; pulse eighty; tongue cleaning; some appetite, but still very sleepy; continue brandy, with sup. pulv. Dover, as required.

Wednesday, 2d, continues as yesterday; to take medicines as may be indicated.

Saturday, 5th, evening; had continued to improve from day to day, with no untowardly symptoms; about two o'clock this afternoon she became cold and had a chill; had sweating periods during the day, and could not endure contact with the air; gave quinine, two grains every three hours; to be kept warm.

Sunday, 6th, 8 A. M.; tongue coated; no appetite; very copious evacuations from bowels at two different times; at the suggestion of a consulting physician called in to-day, gave precipitated extract of bark in place of quinine,

which latter was not tolerated, and had not been at any time, in order to anticipate the return of another chill. This is the twenty-eighth day since the first chill at the commencement of the illness.

Monday, 7th; very comfortable on my call at 7 A. M.; no return of chills as yet; appetite returning; continue extract of bark, with good diet.

Tuesday, 8th; still feels better; pulse natural; continue bark.

Friday, 11th; able to ride out; at night complained of soreness in the left forearm, about middle, which continued unabated; applied fomentation of poppy leaves.

Monday, 14th; soreness has continued in the forearm as on Friday.

Tuesday, 15th; much better in every respect; no return of diarrhœa or chills for some days. From this date convalescence advanced rapidly. There was no return of the chills during the rest of the season.

Many would denominate the above case as one of typhoid fever, but there were lacking some important characteristics.

After the gastro-enteric condition set in there was still some effort at periodicity, especially at the third hebdomadal period on the 30th. The pulse, it will be seen, went above one hundred but once. The tongue was generally moist. There was an intolerance of quinine after Friday, 28th of July, it causing ringing in the ears, and very unpleasant effects upon the nervous system. For about twelve days she was exceedingly excitable and impatient. Temporizing and palliative treatment only was admissible.

On reviewing the notes of this case after so many years, and calling to mind the peculiar features not recorded at the time, it appears that the case was an undefined intermittent during the period previous to taking the cathartic pills, and, with proper treatment at first, might have been cured at once. The pills of both kinds induced an irritation of the stomach, but more especially of the duodenum, and perhaps ileum. The local affection, together with the malarial poison, induced mental disturbance almost equivalent to delirium. At times it was very trying to all who had her in charge, to produce any degree of quiet, and the tincture of castor was the only agent which appeared at all effective.

The bromides had not at that time come into general use, but it is questionable whether bromide potassium would have been admissible. Many, with myself among the number, may be disposed to criticise the treatment, but it is given as noted down. The main object is to present the symptoms as they occurred from week to week. There appeared to be an antagonism between a simple intermittent and a continued type. The continued status was pretty well maintained during the last fourteen days, and during this period the healing process in the gastro-enteric mucous coats was accomplished, the occasion for continuous symptoms no longer obtained, and then the original intermittent was predominant, showing itself by the chill on the twenty-eighth day, which was so readily suspended by the extract of bark.

That ulceration of the glands of Peyer existed, it is not supposed, but there was a condition of extreme excitement, if not inflammation. In epidemics of enteric fever we will often meet with cases where undue medication by cathartics will aggravate the local disease of the intestines, and render a mild type one of a grave character.

Pure intermittents are considered a result of miasmatic poison acting primarily upon the nervous centres. There is not any lesion of structure, and consequently a complete intermission of febrile excitement is admissible, and a stated return of the exacerbation is as sure to occur, as was the apyrexial period.

But, let any extraneous cause operate to produce structural or severe functional lesion, and we have a train of symptoms more or less continuous.

Much injury results from the injudicious swallowing of purgative medicines. Whether given by medical men, or home-advised, the effect is similar, viz., a traumatic condition, or rather a toxical one. Nosological classification is out of the question, and the treatment is expectant, with remedies pro re nata.

OVULATION AND MENSTRUATION.

BY EMIL HENKE, M. D.,
Of Missoula, Montana.

Dr. Alfred Meadows, of London, points out, in an interesting paper on the "Physiology and Pathology of the Ovaries" (*American Journal of Obstetrics*, August, 1873), that without a correct appreciation of the physiological functions of the ovaries, we will not be able to make a marked progress in the diagnosis and treatment of the diseases of an organ which seems to be

at the bottom of much of the suffering of women. In a neat and concise summary the author reviews what is known of the arterial, venous, and nervous connex of the glands in question, and entered into some useful speculations relating to the anatomical facts. The more we were pleased with this *resumé* of Dr. Meadows, the less comprehensible seemed to us his absolute one-sidedness regarding menstruation. The author disregards entirely what has been said against his very starting point, that "without ovulation there is no menstruation;" he repeats this axiom on divers occasions, as if it were a truism beyond the shadow of a doubt. Yet there is perhaps no single physiological hypothesis less proven than the absolute connection of menstruation with ovulation, and but few against which a larger array of facts can be brought to bear. Should this be experimentally disproven, our views of ovarian functions in health and disease would be materially changed.

Comparative physiology shows the uterus to be an organ unnecessary for reproduction; fecundation, even, need not be accomplished within the parent animal. Even in the higher animals development of an ovum takes place without the womb, which is proven by the many lamentable cases of extra-uterine gestation. The fœtal development of the uterus and the ovaries proceeds from different centres; the ovarian stroma is derived from the Wolffian bodies, whilst the uterus is formed by the ducts of Müller. These considerations alone would point to the conclusion that a uterus is not simply an appendix to the ovaries, but an independent organ, with its own laws of formation, activity, and functions. As regards menstruation, it has been proven by a number of observers (Spencer, Wells, Atlee, Storer, Le Fort) to occur regularly after double ovariotomy. This fact has, to the writer, been conclusive that menstruation has no, or only an accidental, relation to ovulation.

As this matter is, without doubt, a vital one in pathology, and to the practitioner of manifold interest, let us review some of the more formidable opinions in recent literature, which may throw enough light upon the subject to enable any one to come to right conclusions.

Sigismund (*Berl. Kl. W.* 52, 1872) reasons that during each menstruation the epithelium of the womb is lost, whilst it is absolutely required as the decidua of the fecundated ovum; it would be strange that this most necessary adjunct to the earliest intra-uterine development of the ovum should be lost during ovulation. He comes to the conclusion that menstruation is a sign, either of the destruction of an ovum with its adnexes, in fact an abortus, or that it signifies the physiological destruction of part of the uterine mucous tissue, which has become unnecessary, as there is no fecundated ovum present for which it could act as a nidus. Kundrart and Engelmann (*Wien. Med. Jahrb.* 1872), who have enjoyed large opportunities of post-mortem observations, state that the uterine mucous membrane, before the advent of the period, grows gradually to hypertrophy, which is at its maximum at the time of menstruation; then, and for a time after, the cells are clouded, contain fat granules, without undergoing decided fatty degeneration. The cells of all the uterine tissues are enlarged, the uterine glands from two to fourfold. This beginning of fat metamorphosis is not a consequence of the bleeding, but the destruction of the form elements, and leads to minute excoriations and to capillary hemorrhage. These investigators come to the conclusions of Lövenhorst, that the fecundated ovum does not belong to the last menstruation, but to the first of pregnancy, before which the nutrition of the form elements is so amended that hemorrhage is, as a rule, prevented.

Beigel (*Wien. Med. W.* 27–30, 1873), and Prof. Camillo Versari (*Il Raccoglitore Med.*, June, 1873), both deny a connection between menstruation and ovulation. Versari reviews the question in an elaborate manner; the following are the more important points in his essay.

Menstruation is a mere function of the womb. The beginning as well as the cessation of the period is marked by changes in the organism unconnected with the ovaries; girls have borne children at an early age (nine years; Schmitt), and before their menstruation; old women, whose ovaries were retrograde, and whose Fallopian tubes were impervious, have again menstruated.

(*Remark.*—That vicarious menstruation may follow long after the cessation of the menses, has recently been shown by an interesting case reported by Tueffard (*L'Union*, 142, 1872); a woman, aged fifty-six, menstruated last at the age of fifty; in December, 1871, her breasts swelled and began to bleed for eight days, and continued so regularly every month; during the intervening three weeks her breasts were normal.—H.)

The quantity of the menstrual blood cannot be a consequence of the dehiscence of a Graafian follicle; in old age, when ovulation is either nil or at least lessened, menstruation is often profuse.

Ashwell reported a post-mortem examination of a menstruation without ovulation. Paget and Carus found menstruation in entirely undeveloped girls. Negrier, Bischoff, Coste and others found developed Graafian follicles in the newly born, and in the fœtus, even. Ovulation occurs in animals without menstruation.

There are about twenty follicles in each ovary; should one ripe one discharge its ovum at each menstrual epoch, three hundred, or even more, would be required.

Versari points out the mechanism of menstruation observed by him and Morgagni in cases of complete prolapse of the uterus; he defines it similar to Kundrart and Englemann, as already explained.

To him vicarious menstruation seems to point to a general venous hyperæmia at the time of the period; the blue rings and dark eyelids observed in so many women at that time strengthen that view; at least this could have no connection with the ovaries.

Women have borne a number of children without having ever menstruated. G. Zimmermann states that in Brazil many women never menstruate; so also in Greenland, Lapland, and among some tribes of Indians.

During pregnancy and lactation menstruation ceases, the blood being otherwise appropriated. But if menstruation happens during these times, post-mortem examinations by Kussmaul, Kiwisch, and Virchow have shown that no recent Graafian follicle or corpus luteum was present.

Versari should have enlarged, in this connection, upon superfœtation, which clearly points to ovulation during pregnancy and without menstruation.

Versari speaks of the action of emmenagoga which produce an erethism in the uterine vasomotor nerves, rectum and other organs, and often regulate the menses effectually.

Whilst the cessation of the secretion of semen in men, the vanishing of the thymus gland, of the Wolffian bodies, and the extirpation of vital organs is without serious consequences, so also should be the retrograde metamorphosis of the ovaries; most probably it is; yet the cessation of the menstrual discharge is often followed by pathological consequences akin to those consequent upon the cessation of hæmorrhoidal discharges in men.

Double ovariotomy has not been a bar to menstruation; a number of such cases have been recorded by Peán, Delstanche, Nélaton, Bryant, Koeberlet, Spencer, Wells, and others. Morgagni gives a case where ovulation was impossible in consequence of absence of both ovaries, and Ruggi one in consequence of disease of both glands; but menstruation was regular, nevertheless.

In connection with the above, attention should also be directed to the fact that the dehiscence of a Graafian follicle, no matter if it is followed by the formation of a true or a false corpus luteum, is finally marked by an indelible cicatrix; the number of cicatrices found in a not already retrograde ovarium will, therefore, correspond with the number of follicles ruptured and the number of ovulations during life. That there should be a difference in the number of ovulations in different individuals is not to be doubted. Thomas ("Diseases of Women," p. 627) gives a table from Henning, who made numerous examinations in point. In children Henning found no cicatrices; in virgins fifteen; in a widow twenty-four in the right, twenty-six in the left ovary; at the menopause fifteen right, twenty-four left; and in old age fourteen right and eleven left; showing that after the change of life the cicatrices, together with the glandular substance, retrograde. The highest number of cicatrices found was fifty, which, according to received opinions, would correspond to a menstrual activity of but little over four years!

The hypothesis, "Without ovulation no menstruation," appears very much weakened indeed through such ponderous facts. To us this seems not only useful physiologically, but also in a pathological point of view. The vague idea of the intimate connection of both hinders us from appreciating the important fact that the mucous tissue of the uterus desquamates periodically in consequence of a physiological metamorphosis of its cells. The cessation of menstruation points to changes in nutrition (innervation), in consequence either of pregnancy or of general or local disease. If the normal uterine mucosa comes in contact with a healthy growing cell, an ovum, it seems to act much like granulations, which also cease to degenerate when brought in contact with a mass of healthy dermic cells; these latter (we see it in skin-grafting) soon begin to grow; the granulations cease to form pus, and

become rapidly covered with epithelium. So the uterine mucosa develops under the stimulus of the growing ovum in the decidua, if it has not already too far degenerated to form a healthy nidus.

CEREBRAL ORIGIN OF SOME CASES OF THORACIC DISEASE.

BY SUMNER RHOADES, M. D.,
Of Syracuse, N. Y.

In illustration of the idea in the caption chosen for this article, I present the case of Henry H. Green, son of the late General John A. Green.

The 24th of August, 1872, Henry came to me for professional advice. He was then eighteen years old, six feet and four inches in height, of florid complexion, and of fair muscular development. He had recently left school, and was assistant book-keeper in the wholesale grocery store of his uncle. He had indigestion and a slight cough, but the prominent symptoms were those of nervous exhaustion. I prescribed some nervous tonics, and fewer hours of labor. The 21 of September I advised him to leave work for a time, and to go into the country. He went up to the high grounds of the town of Pompey, and there rapidly recruited. In a few weeks he gained ten pounds in weight.

After his return to the city he boarded with his uncle, and presently came under the care of his uncle's family physician, Dr. Wm. A. Hawley, a very excellent, careful man, a homœopathist. He continued to attend to his duties at the store, and to look to Dr. Hawley for medical treatment, until July, 1873, when he went for his health, to visit a relative living in Princeton, Ill. He there placed himself under the care of Dr. G. W. Crosby. At his suggestion he went to Chicago, and consulted separately Dr. N. S. Davis and Dr. J. V. Ross. Their letters of opinions and advice to Dr. Crosby are now before me. They agreed substantially in their diagnosis of pleurisy, with effusion filling entirely the left pleural cavity, and of the completely collapsed condition of the left lung. They advised a succession of blisters, with the free use of iodide of potassium, and other diuretics. Their prescriptions were carried out by Dr. Crosby with such success, that in December last Henry wrote to his uncle in Syracuse, assuring him of his ability and desire to resume work in his store.

About the first of January he came home. He soon called on me, not for advice, but to post me as to his experience under the care of Dr. Hawley and Dr. Crosby, and to say that he would in future look to me when in need of treatment. At that time I carefully examined his lungs. The right one was entirely sound. The left was completely collapsed, no air entering it, but the effusion had disappeared. I cautioned him to begin work very moderately.

From February 15th to 20th, inclusive, Henry came daily, for advice, to my office. He then complained of headache, loss of appetite, debility, occasional retching, drowsiness, coldness the most of the time, but a febrile paroxysm each afternoon, great difficulty each morning in assuming at first the erect posture, because of vertigo, a peculiar feebleness and unsteadiness of gait, which lasted all day, and a sensation as though the right lung was rolling about loose in its cavity. While he was thus visiting me, I was so impressed with the prominence of cerebral symptoms, and with the rapid sinking, that I expressed my fears to his relatives, and I sought and obtained from them some important particulars of his medical history. I learned that at birth, and all through childhood, his head was conspicuously large; that he had all through life been prone to drowsiness, falling asleep under most unusual circumstances; and that his father, in his lifetime, had often said to him, "Henry, why don't you lift up your feet when you walk?"

From the 20th of February until his death on the 24th, I attended him at his home. He had no cough and no expectoration. I examined his chest carefully on the 22d. The right lung was perfectly sound. The left was completely solidified. The last thirty hours of life he was unconscious, the pupils were dilated, and his breathing stertorous.

The true theory of this case seems to be that there was congenital disease of brain, located in the central and lower portions of that organ; that the brain disease caused, through faulty innervation, the collapse of the left lung; and that when the brain disease had extended so far as to interfere with the functions of the right par vagum, life was thereby quickly destroyed. Had there been tubercles in the left lung, as Dr. Davis had feared, there would probably have been, before death, symptoms of their suppuration and of their extension to the right lung. Had the case been one of ordinary pleurisy with

effusion, absorption of the fluid would have been followed by resumption of duty by the left lung, and Dr. Ross' hope of complete recovery might have been realized.

Henry's parents were first cousins. He leaves one brother older and one brother and two sisters younger than himself, all in good health and of good constitutions.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK—CLINIC ON DISEASES OF WOMEN.

BY PROFESSOR T. G. THOMAS.

Vesico-Vaginal Fistula—Imperforate Urethra.

Gentlemen:—The first case I will show you to-day will be one of vesico-vaginal fistula. The patient is Mrs. H., aged thirty years. Youngest child is two years old. The symptoms she complains of are incontinence of urine and weakness in the back. She has had five children, but the last one was one of instrumental delivery.

Vaginal Examination.—When the patient is exposed the thighs are found to be excoriated, from the constant action of the urine. When the speculum is introduced a small red surface, about an inch in diameter, is discovered below the os uteri anteriorly. In the examination of this case with Sims' speculum considerable trouble was met with in exposing the site of the disease, as the patient weighs over two hundred pounds. The question which comes up is whether this is or is not the anterior wall of the bladder pressing forward through a vesico-vaginal fistula. A suggestion that would occur to almost any one would be to introduce a sound into the urethra, and then we could see whether or not it would pass into this suspected fistula, but the trouble is that the urethra is not pervious. There is one way of utilizing this great excess of adipose tissue in a patient, in respect to vaginal examination, and that is to place the patient on her knees and chest, not on her hands and knees. By this method the excessive weight acts by its force of gravity and distends the vagina. The anterior wall of the bladder is also thrown forward, and then there can be no doubt in respect to the diagnosis of the case.

The cause of the fistula, in all probability, was due to the head of the child pressing upon the vagina and bladder, and resulting in a slough. It was not the result of the use of the forceps. If the forceps had been used earlier, the chances are that we would not have had this trouble. When to apply the forceps is a difficult matter to decide on, and requires the cautious judgment of the obstetrician to guard against their too early or too late use.

Treatment.—There are two things to be done to this patient; one is to close up the vesico-vaginal fistula, and the other to open the urethra. The urethra can be opened by piercing with a sharp-pointed bistoury, or by cutting with a scissors. A catheter is then inserted and allowed to remain until the cut surface has healed around it. In regard to the repair of the fistula, it is an operation which any one of the class here might do with ease after having had some suggestions as how to proceed. The most important thing to do before commencing the operation is to thoroughly expose the fistula. Do not try to work in the dark. If you can't see what you are about do nothing. If the side position does not gives you the requisite light, place the patient on her chest and knees. This position will seldom fail to reveal fully the extent of the disease. When the case is plainly before you, take up the edge of the fistula with a tenaculum or forceps, and pare it around. Silver sutures are then inserted, and the edges brought together. The frequency of the sutures are from four to five to the inch. They remain in for about a week, when union is usually established, if it is going to be.

Ovarian Dysmenorrhœa.

Mrs. B., aged thirty years, one child, twelve years old, suffers from pain in back and side, with severe pain at her monthly periods. Has also considerable pain, which, from her description, is rectal tenesmus. The dysmenorrhœa in this case, though not uncommon, differs considerably from that met with usually. It comes on before the discharge of blood takes place, and is apparently relieved by the flow. This, at first, seems strange, and appears to be a contradiction, but it is not so; the cause of the dysmenorrhœa is outside the uterus. The patient says, moreover, that this pain sometimes attacks her between the periods, and moreover, feels worse in the morning. She has also a leucorrhœa. One of my assistants first examined her, but the examination causing nausea, he abandoned it. After rallying she was again examined, and a small tumor was found at the side of the uterus. It resembled a fibroid, but from the peculiar pain which resulted from the examination, there can be but little doubt but that it is an ovary. The periodic pain that the patient complains of is due to ovulation, and not, as we usually find, to menstruation. The ovary is itself in a state of chronic inflammation and displacement.

Treatment.—Nothing can be more unsatisfactory than the charge of a case like this; practically no benefit can be hoped for from medicine, yet some treatment must be had recourse to for its influence on the mind of the patient. The uterine catarrh is secondary. The rectal tenesmus is caused by the hard fæces in the rectum pressing on the displaced ovary.

It might be well to order the roof of the pelvis to be painted once a week with the tincture of iodine, though we can only expect but very little benefit.

When the patient ceases to menstruate, her trouble will, in a great part, cease.

Some time ago I had a case in the Woman's

Hospital, where the patient had not been able to walk in five or seven years. I removed both ovaries by the vagina, and after the operation she was very much improved. That was a severe and nearly hopeless case; much more so than the one before us.

False Pregnancy.

Mrs. M., aged forty years, has five children, the youngest being two years old. The patient comes here to get an opinion as to whether or not she is pregnant. Her own opinion was that she was in the family way; that she even felt the motions of the child. If this happened in a woman who never was pregnant it would not be so astonishing, but this patient has borne five children.

In examining a patient by palpation through the abdominal walls, the best method is to press firmly down on the region immediately over the uterus; with each expiration you get lower and lower down, until gradually you reach the uterus itself. In this way you can best decide whether it is tympanites or an enlarged uterus that causes the swelling. In the case before us it is tympanites; and, moreover, the patient has reached the menopause. After twenty years' experience, I do not think I have met any class of cases that have been so puzzling or have given me so much trouble. In many medical cases the diagnosis is never verified, but in these we are sure to know eventually, and it is judicious to be excessively careful in the prognosis. On one occasion a judge of a criminal court sent me a woman to get an opinion as to her supposed pregnancy. I sent the case back with the information that I could not tell whether or not she was pregnant. Until two and a half or three months it is nearly impossible to make it out for certain, without endangering the woman or evacuating the contents of the uterus. At the menopause women are inclined to obesity. Sometimes four inches of fat is found on the abdominal walls, and every woman who thinks she is pregnant thinks she feels fœtal movements.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.

DR. AUSTIN FLINT, PRESIDENT.—MARCH 5th, 1874.

Therapeutic Uses of Bromide of Potassium in Children.

BY DR. J. LEWIS SMITH.

When a new remedy is introduced to the profession, too much is usually expected from it. As a result we have a reaction setting in against it, and it is only after some years that we are able to appreciate its true value. This has been the case with bromide of potassium. Experiments on animals, as well as clinical experience, has pointed out two main effects from this agent.

First.—The contraction of the arterioles and venules.

Second.—The diminution of reflex irritation.

It has the great advantage of not being poisonous in a large dose, even to the youngest. Though when it is continued we have a class of symptoms developed which are known as *Bromism.* Thus given to children, stomatitis, gastritis and gastro-enteritis have been caused, but they are transient, and by no means of a severe type. It may possibly be that the cause of this irritation is due to some impurities which the bromide contains, as the chlorides and sulphates have been detected in some specimens. If the patient has some derangement of the alimentary canal, it might be prudent to withhold it, or, if necessary to administer it, use the mucilaginous drinks as menstrua.

Bromide of potassium is eliminated by the kidneys and the skin; mainly by the kidneys. But even by both these channels the amount excreted is in small proportion to the quantity administered.

When it has been used for some time, its after effects are brought out, such as carbuncles and cutaneous lesions, due, in all probability, to its excretion by the skin. These unpleasant results are, however, temporary.

Sir James Young Simpson held that the bromide was a tonic, but this view has not been sustained by the profession at large. When given in large and repeated doses, bromism is produced. This is manifested by vertigo, dilated pupils, muscular debility, and a condition of reeling, as if the patient was drunk. It has been used in the inebriate asylum, and it has been found that one-drachm doses, given for a week, caused in the patient a want of coördination in the muscles of the lower extremities. There is a case on record, also, where four grains caused numbness of the muscles of the extremities. When given in solution it is readily absorbed, and sometimes we have the satisfaction of seeing its effects before we leave the bedside of the patient.

In infantile convulsions it is superior to any remedy we possess; more certain than assafœdita, and not so dangerous as hydrate of chloral. Over chloral it has another advantage; it does not stupefy the patient.

I present two or three cases of infantile convulsions, showing the effect of the bromide:—

Was called to see Mrs. F.'s child, with convulsions on the right side. After two doses of four grains each the convulsions ceased. Next day had two slight convulsions, but none subsequent.

Another case, a child was seized by convulsions shortly after delivery. During labor the head had been injured by the forceps. Two grains were given every three hours. After the third dose convulsions ceased.

In another case convulsions supervened after delivery by podalic version; three-fourths of a grain every three hours; after the third dose the convulsions ceased.

This remedy also lessens the irritation of children, and in dentition its use frequently obviates the necessity of the gum lancet. Again,

in whooping cough, and severe cases of eruptive fever, where there is a tendency to reflex irritation, it is especially serviceable.

From its effect on the sexual organs it is indicated in nocturnal emissions, and in boys who practice masturbation. In incipient meningitis it is about the only remedy that promises anything like relief.

In epilepsy of infancy and childhood it proves of more advantage than it does in maturer years, from the fact that it is given at the outset of the disease.

Begbie says that he has found it of advantage in croup.

Reynolds advises it in night terrors, and for somnambulists, as a calmative to the nervous system.

Dr. E. R. Squibb, of Brooklyn, rose and said, that in the treatment of epilepsy usually a large enough dose is not administered. Bromism should be reached, and to cause bromism, the amount varies with different constitutions. Again, when the effect of the bromide is reached, it must be persevered in. The want of attention to these two circumstances accounts for much of the want of success in the treatment of epileptics. Forty-five grains three times a day will, in ten or fifteen days, usually cause bromism.

As an immediate effect we may detect but little change, whereas, after three or six months the patient may be very much relieved.

In one case the bromide was given for three years before the patient was decidedly benefited. Other cases required a year and eighteen months to effect improvement.

The disagreeable taste of the remedy may be much lessened by administering it to the patient in a draught of ice water, the cold serving to dull the sensibilities of the taste.

Resolutions of sympathy were passed in respect to the late Dr. Sewell, formerly a fellow of the Academy.

SHELBY CO., OHIO, MEDICAL SOCIETY.

On the fifth of February, 1874, this Society was reorganized. A Constitution and By-laws were adopted, and such other business transacted as seemed necessary for the good of the Society. We would call attention to the following article of their By-laws :—

"No member of this Society shall admit to his office any person as a Student of Medicine, until such person shall have appeared before a committee of three, appointed by the President of this Society, and to it have given satisfactory evidence of good moral character, and sufficient literary and intellectual attainments. Upon the recommendation of the Committee the Student is admitted by majority vote of the Society."

Sessions of this Society will be held on the first Thursday of each month. The following officers were elected :—

President.—Dr. Conklin.
Vice President.—Dr. Cowan.
Secretary.—Dr. Silver.
Treasurer.—Dr. Wilson.

SIDNEY, O., March 5th, 1874.

At a meeting of the Shelby County, Ohio, Medical Society, held to-day, there appeared a committe of ladies from the "Woman's Temperance League," of this place, asking an expression of the Society in regard to the "Temperance Cause," which is now occupying so large a share of public attention, especially in Southern Ohio. The following resolutions were then adopted, by a unanimous vote of the Society :—

Whereas, we believe that the use of alcoholic and fermented liquors, as a beverage, is productive of a large proportion of human misery, including poverty, crime, and disease; therefore,

Resolved, That we hereby express our sympathy with the present temperance movement, and we agree to aid in the good work by our efforts and influence, as citizens and physicians, and further, that we subscribe heartily to the following pledge :—

We, the members of Shelby County Medical Society, promise, upon our honor as professional men, to prescribe spirituous liquors, wine, beer, or ale, only in cases in which we deem it essentially necessary as a medicine.

H. S. CONKLIN, M. D., *President.*
D. R. SILVER, M. D., *Secretary.*

EDITORIAL DEPARTMENT.

PERISCOPE.

The True Nature of Propylamine.

A prevalent error on this subject is corrected in the Dublin *Journal of Medical Science*, by Dr. Walter George Smith. He warns against mistaking identity of *composition* for similarity of *constitution*. So far back as 1817 it was announced that the fœtid odor of *chenopodium vulvaria*, a British plant, commonly known as stinking goosefoot, was due to the presence of a volatile ammoniacal compound ready formed, the first example of a free alkali in the vegetable kingdom. More than thirty years subsequently (1851) it was shown that the same volatile base existed in many other plants, and in various animals (maybug), its most abundant source being herring brine, and it was at first identified with the chemical compound propylamine, *i. e.*,

propyl-ammonia. For years this was generally accepted, and the drug was introduced into medicine under that name by Dr. Awenarius, of St. Petersburg, in the treatment of rheumatism more especially. Even in the last edition (1865) of Guibert's excellent History of "New Remedies," this substance is treated of under the erroneous title of propylamine. But it has been known for some years (1862) that true propylamine has a different origin, and exhibits widely different properties, and it has been proved that the so-called propylamine of commerce, obtained from cod-liver oil, herring brine, ergot, etc., is in reality trimethylamine, with which it is isomeric.

The ultimate composition of these bodies is $C_3 H_9 N$, but, of course, this formula in itself teaches us little, and we now know that there are at least three different bodies which own this empirical formula, and yet are totally distinct from each other. These bodies are,

$\left.\begin{matrix} C_3 H_7 \\ H \\ H \end{matrix}\right\}$ N—A primary amine = true propylamine.*

$\left.\begin{matrix} C H_3 \\ C_2 H_5 \\ H \end{matrix}\right\}$ N—A secondary amine = methyl-ethyl-amine, and,

$\left.\begin{matrix} C H_3 \\ C H_3 \\ C H_3 \end{matrix}\right\}$ N—A tertiary amine = trimethylamine.

We should remember, then, that as yet there is no such thing as real propylamine used in medicine, and what is styled so is undoubtedly trimethylamine.

The boiling point alone will distinguish trimethylamine from propylamine, for the former boils at 40° F., and the latter at 121°. The dose of trimethylamine is 20 ♏ and upwards. It may be said, what is the use of this dissection of formulæ, this contention about names; let chemists fight their own battles. To this I would answer, not only is the confusion of names mischievous, but the properties are different.

Bromide of Potassium in Gonorrhœa.

Dr. John W. Bligh, in the *Practitioner*, gives the following directions:—As soon as a patient complains of gonorrhœa, the bromide of potassium should be immediately commenced, and continued throughout the duration of the disease. As it is said to increase the acidity of the urine, a condition not at all desirable, some alkaline bicarbonate should be combined with it, to counteract this tendency. The following formula has been found useful:—

℞		
	Potassæ bicarbonatis	gr. lx
	Pottassii bromidi	gr. xc–cxx
	Tincturæ hyoscyami	fl. ℥ss
	Aquæ camphoræ	fl. ℥vss

Mis. fiat mistura.

One-sixth part of this mixture to be taken three times a day, and once during the night, should the patient happen to be awake.

Care should be taken not to administer a dose whilst a meal is in process of digestion in the stomach, as it may, by neutralizing the gastric juice, interfere with the conversion of the food into chyme.

If the disease is in the first stage, an injection of the salt is ordered and recommended to be used as frequently as opportunities allow. The following is the usual form and strength in which I employ it:—

℞		
	Potassii bromidi	gr. cxx
	Glycerinæ	fl. ℥ss
	Aquæ destillatæ	fl. ℥vss

Mis. fiat injectio.

One syringeful to be used every four hours

When the discharge has assumed the form of gleet, a similar injection, associated or not, as may be thought advisable, with some astringent, will be found useful. In addition, I am accustomed to administer, during this latter stage, from fifteen to twenty grain doses, three times a day, combined with fifteen minims of the tincture of the perchloride of iron, and dissolved in some suitable menstruum.

There are certain accessories which should not be neglected in this, any more than in any other plan of treatment. The bowels should be carefully regulated, the proper diet prescribed, and a total abstinence from beer and other stimulants insisted on. Rest should be enjoined, and over-exertion strictly avoided The testicles should be supported by a suspensory bandage, and the genitals bathed from time to time, especially before retiring to rest. The flow of urine may be increased by the free use of diluents, as linseed tea, barley water, etc.

Sulphate of Quinine in Uterine Hemorrhage

Dr. Bonqué in the *Presse Médicale*, of Belgium, as quoted in the *Medical Press and Circular*, says:—

For two years past I have frequently employed the sulphate of quinine, both in cases of uterine hemorrhage and in hæmoptysis, as also in the early stages of retinitis. In both of these cases, if the theory of Dr. Monteverdi were true, I ought to see, under the influence of excitation by the sulphate of quinine, those muscular fibres which lie in the walls of the vessels contract and diminish the afflux of blood. In cases of hemorrhage, the loss of blood ought to lessen and cease; in cases of retinitis, the vessels should contract, the hyperæmia diminish, and the serous transudation diminish.

I have conscientiously studied the facts which have passed before my eyes in great numbers, as well in my own practice as in the ophthalmological clinique, and I believe that I can say that they have fully justified the assertions of the Italian physician. I have published some of these facts; and might have published more, but thought it useless to fatigue the reader's attention by almost identical observations.

* There is also iso-propylamine known.

With regard to uterine hemorrhage, the action of sulphate of quinine rises in my eyes to the height of an axiom. In a crowd of cases, I have in a few hours arrested losses which even presented a disquieting character. And I wish it to be noticed that I employed no other remedy which might have aided the action of the quinine. In most cases I permitted the women to go on with their usual avocations.

It is known that at the menopause menstruation often takes on a hemorrhagic character. Some ladies among my patients are at this age, and have recourse to my advice, either when the flow becomes too abundant, or when it lasts too long. In all such cases I prescribe 1·25 grammes of sulphate of quinine, in fifteen pills, to be taken at hourly intervals.

I have carefully interrogated all these persons, for I mistrust the therapeutic illusions both of patients and physicians. But they are unanimous in declaring that the flow of blood diminishes in intensity after taking a few pills; this diminution becoming more and more marked until the hemorrhage completely ceases. The action of the sulphate of quinine is thus felt at once. I have always seen it to be powerful and decisive.

New Operation for Cleft in the Hard Palate.

The following operation is practiced in King's College Hospital, by Sir Wm. Fergusson. We quote it from the *Lancet*:—

The first steps of this operation are somewhat similar to the old operation for closing the cleft in the hard palate, namely, paring the edges of the cleft, and making an incision down to the bone, parallel to, and about a quarter of an inch from, the edge of the cleft on either side, the point of the knife being carried back just as far as the junction between the hard and soft palate. Into these incisions a chisel half an inch broad is inserted, and its edge directed against the posterior margin of the hard palate, and made to cut from behind forward, thus partly detaching a slice of bone on each side, with the soft tissues and periosteum attached to their upper and lower surfaces. The result of this is that the sides of the cleft fall easily together, leaving a small aperture through the bone on either side. One, two, or, if the fissure be long, three stitches are passed through the lateral clefts by means of an ordinary aneurism-needle, and thus encircle the detached portions of bone and soft tissue, each suture passing through into the nasal cavity. It should be noted that there is no tension on the flaps, the threads merely keeping the parts steadily in contact. The amount of pain and constitutional disturbance is much less marked in the patients that have been treated in this way than when the old operation of dissecting up the soft parts from the bone has been resorted to.

From the liability of the flaps to twist in slightly, and from the thinness of the edge, Sir William Fergusson is careful to pare the sides somewhat obliquely, in order to present wider raw surface for adhesion. The sutures, which are kept in much longer than in the ordinary operation, cause no harmful irritation. The lateral clefts become filled up by new bone, which is rapidly thrown out, and tends to keep the parts firmly united in the median line.

The first case in which the operation was performed was that of a girl aged eighteen, whose soft palate had been closed two years ago, and whose hard palate had been operated on by the old method three times, but unsuccessfully, except that the gap was somewhat lessened in size. Before the operation by the above plan, on November 22d, 1873, the cleft was half an inch long and a quarter of an inch wide. Two sutures were introduced, and were removed in seven days. She was discharged at the end of the third week, with firm union of the whole palate in the median line, and the lateral clefts closed.

The Radical Cure of Varicose Veins by Injecting Chloral Hydrate.

The London *Medical Record* quotes from Professor Porta the observations he has made on the coagulant property of hydrate of chloral, and especially of its use in the treatment of varix.

He reports fifteen cases of varix of the leg treated successfully by the subcutaneous injection of hydrate of chloral, beginning with a gramme, and then reducing the dose to a half or a third of a gramme. The coagula are formed at once, and the patient is confined for a few days to bed, to obviate the risk of phlebitis. The coagula ultimately are absorbed, and the veins become atrophied, or remain pervious, though not varicose.

The accidents which may occur are the following. The thrombus may soften; but this only impedes the cure for a time. Phlebitis may occur; but it is slight, and disappears in a few days. Very limited suppuration may take place; it does not delay the cure, and perhaps depends on the escape of a small quantity of the chloral into the connective tissue. This may be prevented by drawing up the piston before withdrawing the needle. Circumscribed sloughing of small portions of the skin has been observed in old subjects, probably also from escape of the chloral into the connective tissue. Professor Porta thinks it probable that this mode of treatment will be found applicable also to varicocele (of which he has had a successful case), of various subcutaneous nævi, aneurismal varix, and hæmorrhoids.

The operation is performed by inserting the point of the needle in the largest knots of the varicose zigzag, the patient standing so as to increase the tension. Slight phlebitis, abscess and sloughing may follow, but the complications are always local and the result always successful. Dr. Valeriani says that any new method tried for the cure of varix should be free from danger, either immediate or remote, easy of application, and fairly constant in result. All these conditions are present in the treatment proposed by Porta.

The Therapeutical Value of Bromide of Potassium.

This question has been discussed at length by Dr. Anstie, Dr. Binz, Dr. Begbie, and others, in a recent number of the London *Practitioner*. The value of it in epilepsy seems well demonstrated, though it fails not unfrequently. Its general uses are summed up by Dr. Begbie, writing to Dr. Anstie:—

In the sleeplessness which precedes mental shock, as is occasioned by long-continued mental strain or by worry, the bromide of potassium in full dose is oftentimes singularly efficacious, not only procuring much-needed sleep, but tranquilizing the whole nervous system, and rendering the individual, otherwise quite unfit, capable of mental exertion.

I have repeatedly prescribed the remedy with the happiest results in cases of insomnia accompanied by general restlessness and incapacity for exertion, consequent upon long-sustained mental effort with anxiety in professional men, and on prolonged devotion to business in persons following different kinds of mercantile pursuits, in whom rest, change of air and scene, the most careful attention to diet and regimen, including treatment in hydropathic establishments, and the use of other drugs, had entirely failed to produce any good result. I do not affirm that the bromide of potassium always succeeds, or that it has always succeeded in such cases. I entirely concur in your observation that the insomnia of aged persons is apt to be aggravated by the bromide of potassium, although I have not found it to be always so, as your experience appears to have been. Whether the theory be correct or not, I have for a considerable time avoided the use of bromide of potassium in old people whose vessels were evidently the seat of general atheromatous degeneration, but have prescribed it in the insomnia of the aged when this morbid condition of the vascular system was not conspicuous.

A further and most important use of bromide of potassium is as an adjunct to chloral. I have found twenty grains of the former, in the first place, to be set against their potency, not unmixed as that potency is with injury or even danger. It is also valuable in the insomnia of alcoholism.

The Nature of Cancer.

Mr. DeMorgan lately maintained the following theses regarding cancer, before the London Pathological Society:—

That the disease, while presenting certain special characters, does not differ essentially in its mode of origin from many or most other morbid growths.

That there is no evidence of the disease being caused by, or dependent on, a special condition of either the fluid or solid portions of the blood.

That while the actual growth is local in its origin, there may be, and possibly always is, an antecedent of the part or of the system which favors its production.

That possibly the germs of the disease may be present from the earliest period of development.

That before a tumor is formed we have no reason to suspect or anticipate the occurrence of the disease, unless, as at times is the case, some local condition be present, which we recognize as often preceding the development of cancer.

That when a tumor is formed we can explain its spread and recurrence without reference to an antecedent diseased condition of either the fluids or solids of the body.

That the structure of cancer specially favors this recurrence; but that most morbid growths show more or less of the same tendency, and some to as great or greater extent than so-called cancer.

That if a special state of the blood be a factor in the formation of cancer, we must also believe it to be so in most or all tumors.

That development of local disease, determined by an antecedent condition of the system, is seen in the simplest forms of tumor, as warts, for example, and may be merely in obedience to the same law which governs the bodily and mental configuration of the individual.

That the fact of retrogression of cancer, while it gives a hope that in discovering its cause we may find a remedy for the disease, does not prove a special blood origin of the disease any more than would a local degeneration of a natural tissue. This is borne out by the fact sometimes seen of retrogression of cancer growth in one part, while in other parts active growth goes on.

The Value of Paracentesis Thoracis.

In the *Lyon Medical*, Dr. Laure states his opinion that it is unjust to attribute the increased mortality from pleurisy, recorded of late, to the employment of thoracentesis. The cases require a more minute examination than they have received, especially in presence of the greater attention that has been paid to the disease of late. There can be no doubt that paracentesis is sometimes the means of saving the patient from sudden death, although in some cases the relief is not permanent. It would seem to be indicated under the following circumstances: 1. Whenever there is danger from asphyxia, whether this be caused by the abundance of the effusion or by some complication, as bronchitis, pulmonary œdema, etc. 2. In abundant effusions, which do not yield after some days of internal treatment. 3. In cases of latent pleurisy. 4. In purulent pleurisy of recent date. On the occasion of a second and succeeding punctures iodine should be here employed. 5. In purulent pleurisy, coming on suddenly after delivery, simple puncture is also inefficient, drainage and injections being required. M. Laure has not found aspiration of utility in serious effusions, but regards it as a valuable resource in purulent effusions, when medicinal injections are required. M. Meynet observed that acute pleurisy is very common

among children, and, although he has met with a great number of cases, he has never had to practice paracentesis. The absorption of the fluid, however abundant this may be, takes place in them with marvelous rapidity, a few blisters and diuretics being all that are required. Purulent pleurisy also is cured in them with incredible facility. He is of opinion that M. Roger practices paracentesis too often.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Under the quaint title, "*Katy Did, and Katy Didn't,*" Dr. Wm. K. Bowling, of Nashville, has published a pamphlet concerning priority in the ligation of the internal carotid artery, vindicating the claims of Professor W. T. Briggs, of Nashville, over Dr. H. B. Sands, of Bellevue Hospital.

——A pamphlet, reprinted from the Detroit *Review of Medicine and Pharmacy*, gives a description of Dr. Wood's "Hammock Splint." The pamphlet may be had of the author, Dr. J. T. Woods, Toledo, Ohio.

——The *Sixth Annual Report* of the Pennsylvania Society for the Prevention of Cruelty to Animals, shows that society alive to the work before it.

——The following pamphlets have also been received:—

Report of the Vaccine Department of the New York Dispensary, for 1873. By Frank P. Foster, director of the vaccine department.

Inaugural Address of Clark Bell, Esq., before the Medico-legal Society of the city of New York, November 20th, 1873.

BOOK NOTICES.

Second Annual Report of the State Board of Health of Minnesota, January, 1874. St. Paul, 1874. pp. 98.

This volume is a gratifying proof of the enlightenment and scientific advancement of the northwest. It is chiefly occupied with inquiries into the effect of the climate of Minnesota on diseases of the chest; the statistics of drunkenness in Minnesota in 1873; inebriate asylums and their value; typhoid fever and its treatment, (by Dr. D. W. Hand); and kindred subjects. These topics are studied with the best statistical aids which can be furnished, and generally in an impartial manner

The credit of most of the work is due to Dr. Charles N. Hewitt, the efficient secretary of the State Board of Health, who has given much attention to the interesting problems of State Medicine.

Transactions of the Wisconsin State Medical Society, for the year 1873, vol. vii. Milwaukee, 1874. pp. 129.

Besides the usual minutes, notices, etc., this volume contains articles by Dr. Van Dusen, President, on the rationale of the multiplication of diseases; by Dr. Dalton, on serpiginous ulcer; Dr. Palmer, on encephaloid tumor of the thigh; Dr. Whiting, on a case of endo-cervitis; Dr. Marston, on a case of rupture of the uterus; Dr. Meacham, on a case of false membrane in the fauces; an essay on carbol, by Dr. Hall; on cerebro-spinal meningitis, by Dr. Stoddard; remarks on sciatica, by Dr. Linde; purpura and eclampsia, by Dr. Armstrong; fracture of the skull, by Dr. Jenkins; cases of hysteria, by Dr. Fox; of pelvic cellulitis, by the same, and others. The articles are well prepared, and the volume is a highly creditable one to the Society.

Catalogue of the Library of the Surgeon General's Office. United States Army. In three volumes. Vols. i, ii. Authors, A to Z. Vol. iii, Subjects. Washington, 1874. pp. 1193, 956 and 319. Royal 8vo.

This catalogue contains about 50,000 titles, and gives a most gratifying proof of the judgment and literary acumen of those who have selected the works in this great national medical library. A careful examination of quite a large number of titles has resulted in the detection of no material errors. Here and there slight inaccuracies may be found. For example, this is said in the preface to be a catalogue of "known authors," but the name "Grotius Gallipotius," (p. 683, vol. i), is too obviously a pseudonym to pass for that of a known author. One or two other names of this kind have slipped in.

The proof reading, by no means an easy task, has been done with surprising accuracy. Very few errors will be found in the titles, more perhaps in the Latin double vowels than elsewhere. The name of each author is set in full-faced type, and the title follows, the capitals usually introduced being omitted, after the plan adopted by Mr. Spofford in the Catalogue of the Library of Congress. The paper is clean, and the book is manufactured in substantial and not extravagant style.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 4, 1874.

D. G. BRINTON, M.D., Editor.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editor disclaim all responsibility for statements made over the names of correspondents.

NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

THE SCIENTIFIC SPIRIT IN MEDICINE.

Dr. J. MATTHEWS DUNCAN, President of the Obstetrical Society of Edinburgh, and successor to Sir JAMES Y. SIMPSON in the Professorship of Obstetrics, delivered an inaugural address last December, at the Obstetrical Society, which deserves comment. His subject was the extension and the increase of the scientific spirit in medicine; and the text of his harangue was the remark of Helmholtz: "*Wer bei der Verfolgung der Wissenschaften nach unmittelbaren praktischen Nutzen jagt, kann ziemlich sicher sein, dass er vergebens jagen wird.*" He who in the pursuit of science seeks directly practical applications can be pretty sure that he will seek in vain.

The idea is, that abstract science must be studied for itself and not for the benefits it may confer on man; and that whoever is always looking for these is not imbued with the true scientific spirit. It is not easy to persuade a nation like the Scotch, the English, or ourselves, who boast of *practicality*, that this is the highest scientific frame of mind. Yet the best thinkers of this century have clearly recognized it. GOETHE, for example, laid down the somewhat startling maxim that pure science and pure art are, and must be, alike devoid of immediate practical and ethical applications. WHEWELL, in his *History of the Inductive Sciences*, shows that the scientific idea must precede the practical application of scientific fact.

The first step toward a sound scientific spirit is to recognize this distinction between abstract and applied science, and to acknowledge fully the necessary priority and superiority of the former. In medicine there is too much said about the ends in view, too little about the remoter means to those ends; too much dependence is placed on the dicta of a few leaders and the prevailing fashions in treatment and drugs; too little time is given to thinking out thoroughly and critically weighing the grounds on which these dicta and fashions rest; more than all, and worse than all, does the ease with which

the ordinary reader swallows a word, believing it an idea, illustrate the absence of the scientific method in medical study.

As Mephistophiles tells the student:—

"Wo Begriffe fehlen,
Da stellt ein Wort zur rechten Zeit sich ein."

Examples of this are palmary. What is the *vis medicatrix naturæ?* An empty chimera, *bombinans in vacuo.* What the *vis vitalis?* Another, nearly dead now, thank Heaven. These fatuous lights of a pseudo-science, terms teaching empty words and no real facts, but hiding them rather, meet us everywhere. In Dr. BARNES' last book on *Diseases of Women* he does good service in puncturing some of these hollow windbags. He asks what "neuralgia of the uterus" or "hysteralgia" is, and finds that these are merely Greek compounds framed "to lull the spirit of inquiry by fostering the false belief that they embody a pathological entity. Seemingly so definite, and yet so vague, they took their rise at a period when the precise and minute methods of investigation at present in vogue were comparatively unknown. These imposing terms, therefore, are the reflection of imperfect pathological knowledge. They no longer satisfy any but those who are satisfied with the imperfect pathological knowledge of the past."

Dr. DUNCAN'S address, to which reference has been made, itself fails to satisfy the true spirit of science. Like many writers of the day, he contemns and misstates the relations of metaphysical inquiry to physical science. Those who have studied the subject more fairly see no antithesis, no irreconcilable conflict between the two; and to assume, as he does, and with him MAUDSLEY, LEWES, COMTE, and such writers, is to err in the same manner that the practical man errs who despises abstract studies.

Nothing is more common than the latter. In a certain village of our country an ardent young physician located himself; and having, as most young physicians have, plenty of leisure, he devoted it to physiological experiments. In one of these, he varnished one half of a little pig, to study the effects of this partial suppression of the cutaneous transpiration. This became known, and the community were divided in opinion as to whether he was going crazy or was merely a "natral"; but all agreed that he would be an unsafe medical adviser. And this incident led to his closing his career in that town.

But the scientific spirit is not always thus inimical to success; and, in fact, real success is only assured when science is applied in the light of science which is abstract.

NOTES AND COMMENTS.

Therapeutical Notes.

TREATMENT OF TINEA TONSURANS.

Dr. S. Gee gives, in the *Lancet*, the following directions to treat this complaint:—

1. Cut the hair everywhere quite close, and keep it cropped as fast as it grows.
2. Wash the scalp with warm water and soap twice a day, and on no account let the hair get matted down on to the skin.
3. After washing and drying the head rub the following lotion well into any patches of ringworm:—Sulphocyanide of potassium, ½ oz; glycerine, 1 oz.; water, 7 oz.
4. Keep a piece of lint, soaked in the same lotion, on the scalp night and day, oil-silk upon the lint, and a calico cap over all.

TREATMENT OF ULCERS.

Nussbaum's method of treating ulcers by making an eccentric excision down to the fascia, about a finger's breadth outside the margin of the ulcer, and plugging the incision for a day with lint, merits every attention. He has treated upwards of sixty large chronic ulcers in this way with the utmost success. The patient, before the operation, is placed under the influence of an opiate.

ACONITE IN INSOMNIA.

Dr. Anstie says, in the *Practitioner*, "my own experience most amply confirms what has been said about the power of aconite to relax the cutaneous vessels; it is probably the most active drug in this direction which we possess; and I have on many occasions seen insomnia which was accompanied by dry harsh skin yield to the administration of aconite in repeated small doses, *coup sur coup.* The advantage of fractionizing the dose is, that you get a good massive quan-

city into the system without causing the fainting or sickness which it might have produced if taken all at once."

Scientific Men Scientifically Studied.

Mr. Francis Galton, well known for his researches in regard to hereditary mental powers, has been pursuing these studies. He made personal inquiries of one hundred and eighty leading scientific men of the day, and on their replies based his conclusions. Most important was the almost persistent combination of remarkable energy of body with remarkable energy of mind. Size of head was considered, and as a general rule was larger than of ordinary gentlemen. Still, remarkably many scientific men had small heads, and the small heads were remarkable for activity. Health was a marked feature. Independence of spirit and tenacity of purpose were also most marked characteristics of men of science, and notably a large proportion were men of business, as principals of large commercial or mercantile concerns. The great incentive to science seemed, to the author, to be innate taste, and in character he regarded the scientific mind as anti-feminine. As to hereditary qualities, that of health seemed most essentially due to parentage; and on the parental side the influence of qualities was apparently on the father's side in the proportion of one hundred and twenty-eight to forty-five on the mother's side. A combination of all essential qualities seemed necessary to the production of a man of mark, and that the laws of chances and alternatives came in to give actuality to results. In regard to education, the general condition seemed to be that they were not tied down in their studies to particular subjects, but were given to the investigation of many.

"Bloodless Surgery."

This popular name, applied to operations with Esmarch's bandage, savors, according to the *Edinburgh Medical Journal*, too much of sensationalism. Besides, as long ago as 1821, Sir Charles Bell wrote on the subject of tourniquets:—"If the limb be uniformly rolled before amputation, the veins are emptied into the general system, and blood is saved instead of being withdrawn. In a very exhausted state of the patient it may be of service to attend to this." The *Edinburgh* continues:—"We believe that by posture and an ordinary roller, to empty the limb of fluid blood, is safer than, by an elastic roller, to force out of the limb not blood only, but perhaps putrid discharges; and that an ordinary tourniquet, properly applied, with a circular bandage, and without a compress, exerts as much compression as is needful, and not enough to imperil the life of the flaps, as there is too much reason to fear, from some cases already recorded, the elastic band may do. The surgeons of the Edinburg Infirmary have long practiced the above simple means of emptying a limb of blood; and by it have performed operations for necrosis, for bone-abscess, and very prolonged dissections in excision of the wrist, elbow, and ankle joints, with as much ease as in the dead subject, as far as hemorrhage is concerned."

Intermitting Lameness.

The *Doctor* remarks that:—"A very curious thing has been described by Dr. Sabourin, namely, that lameness may ensue from obliteration of arteries. Horse lameness is often so obscure that any light proves desirable. It is not, however, confined to the horse, but extends also to man. The cause, as observed, is owing to obliteration of the aorta and iliac arteries. Commonly, in previous good health, the subject begins to limp (*boiter*), in one or two limbs to tremble, and finally to fall. Rest is commonly productive of relief. MM. Bouley and Goubaux long ago pointed out the nature of the affection in horses, while M. Charcot first pointed out its occurrence, comparatively rare, in man. Arteritis has been supposed to be the occasion in horses, owing to the violent efforts they have to make, and embolism in men. In any case the occurrence affords a favorable illustration of the advantages of the study of comparative pathology."

Burning the Dead.

The polite term for this practice is "cremation" or "incremation." Sir Henry Thompson's paper upon it, to which reference was made a few weeks ago, has been translated twice into German; once in Cologne, and once in Gratz, in Austria; in the latter case with an introduction by Dr. Kœpl, formerly physician to the late King of the Belgians. In consequence of this joint publication, the Communal Council of Vienna has adopted, by a large majority, the proposal of one of its members to establish in the cemetery the necessary apparatus for cremation, the use of which will be optional and open

to all. Following this, the Communal Council of Gratz, which contains a population of 100,000, has decided to consider a like proposal. A veritable agitation of the question has arisen in both places.

In New York city also, according to a recent dispatch, there are a number of persons zealously in earnest in the effort to introduce the practice of burning the dead instead of burying them. These gentlemen held a meeting at the office of Dr. Sexton, with a view of perfecting arrangements, either for a large meeting or for some other form of demonstration.

A Hint and a Hit.

The British *Medical Press and Circular* does not seem to agree with a neighbor of ours, that it is "legitimate" to advertise a medical journal "in every way." It has this paragraph:—

"ABLY EDITED.—We observe that the *New York Medical Journal*, in its advertisements now appearing in the newspapers, makes a great point of recommending itself to the support of the profession by stating that it is *ably edited* by Drs. Lusk and Hunter. We agree with Drs. Lusk and Hunter, that they are able editors, but it is not generally considered necessary to tell the world what the world ought to know without blasts from one's own trumpet."

Decline of Medical Study in France.

The *Union Medicale*, of February 17th, says that in France the number of medical students, as well as that of practitioners, is on the decline, the medical recruital, both in civil and military life, becoming more and more difficult. Medical studies have now become so long and laborious, the physical and chemical sciences being now far more than mere auxiliaries, and forming an important part in the preparation for examinations; and the student, after his laborious and costly career, finds, on getting into practice, that he has no effective protection from the encroachment of charlatans and parasites.

Alcohol or Coffee.

Surgeon General William C. Maclean, of the British service, says, in a recent lecture:—

It is almost superfluous to say that the best substitute for alcohol is coffee or tea. The French military medical officers vaunt, and with justice, the superiority of the light wines of their own country over the more strongly brandied wines of Spain and Portugal; and they point to the fact that, when taken in moderation, the aromatic principles and the various salts they contain exercise an effect on the digestive organs which is alike wholesome and agreeable. With all this the best of them give a decided preference to coffee. Morache, in particular, is emphatic in his testimony, and is even eloquent in its praise as an article of diet, a safe stimulant, an aid to digestion, and an efficient refreshment under fatigue. Coffee forms no part of the ration of the French soldier in time of peace; but Morache does not hesitate to urge its issue instead of brandy, and he instances certain regiments in which the custom of substituting coffee for the morning *petit verre* had much advanced the cause of temperance.

How to Avoid Consumption.

Dr. MacCormac, of Dublin, believes the true way to avoid consumption is to have plenty of fresh air. He says that his practice is to sleep every night, winter and summer, betwixt the open door and window, both widely open, the draught rushing backwards and forwards as it lists. All his family does so. Nothing is more necessary than for physicians to preach the importance of sweet fresh air, especially in bed rooms.

To this the *Lancet* replies that this plan would no doubt save a good many people from consumption, by killing them much sooner, through bronchitis and pneumonia!

Statistics of Labor.

Dr. E. Besnier gave, in the Parisian Société des Hôpitaux, the following account of an epidemic of puerperal fever. In the first quarter of 1873, of 1656 labors in hospital, there were 67 deaths, or 4.04 per cent.; of 616 labors in women confined at home there were 8 deaths, or 1.29 per cent.; and in 2868 labors attended by the staff of the maternity charity, there were 11 deaths, or only 0.37 per cent. Hence the great importance of favoring births in the patients' own home, and discouraging hospitals for women in labor.

The Alleged Degeneracy of the Race.

Dr. J. M. DaCosta, in his late excellent valedictory address to the Graduating Class of the Jefferson Medical College, remarks:—

"What we hear of the physical degeneration of our race is very doubtful. I think the men as well formed and as capable of continued

exertion as ever. When we call to mind the marches of the British troops in India and Abysssinia, or of the Prussians in their late campaign; when we reflect on the splendid heroism, the privations endured, the extraordinary vigor of the men, both from the North and South, who were citizens one day, soldiers another, and who, brethren again, have raised the American name into a synonym for determination and endurance, it takes very strong faith to believe that the men of the second half of the nineteenth century are degenerating."

The United States Medical Directory.

This undertaking, of national importance to the profession, is now rapidly passing through the press, and will be delivered to subscribers early in June. It will make a handsome volume, large octavo size, of six hundred or seven hundred pages, and is remarkably cheap at the price at which it is offered to subscribers, $5. After publication the price will be $6. As a record of the profession in the year 1873, it will have a high historical value; and for business purposes it will be indispensable to firms and corporations who would reach the medical profession of this country.

Case of Agalactia.

Dr. W. W. Dunn, of Louisiana, sends us the account of a somewhat unusual case of agalactia. The woman was a primipara, and was delivered of a healthy male child after a natural labor. Previous to parturition her breasts had been full of milk, but after that event, without any assignable cause, not one drop was secreted. Such instances are certainly rare, as generally agalactia arises from some profound mental or physical impression.

Correspondence.

Age and Work.

Ed. Med. and Surg. Reporter:—

In your notice of my essay on *Legal Responsibility in Old Age*, last week, you say in substance that the vulnerable point of my hypothesis lies in my assumption that the average longevity of men of genius is sixty-six years, and hence that I fail to make allowance for the early death of many original workers. You further state that I seem to ground this assumption on the singular argument that as sixty-five is the average age of the clergy, it is fair to assume that it is also that of other brain workers.

The above statements contain three errors:—

1. It is a *fact*, not an assumption, that the average longevity of men of genius, the leading original brain workers of the world, is *sixty-six* years. This *fact* I have established by my researches, and I have included in the estimate those who die early. The original work of these geniuses is mostly done between twenty and forty-five; before twenty, and between forty-five and sixty-six, their work is mostly imitation and routine.

2. The average longevity of clergymen is *not* sixty-five, but somewhat less than that. I spoke of the longevity of clergymen, not as an argument, but as an illustration merely.

3. I did not *assume* that all classes of brain-workers were, on the average, long lived, because clergymen were. The longevity of the geniuses whose lives I have studied was obtained from actual study of each life.

Truly yours, Geo. M. Beard, M. D.
New York City.

[We have before stated that, to our mind, and we have read all the evidence adduced, Dr. Beard has not proven this exceptional longevity of men of genius. Those who believe he has may accept his conclusions.—Editor Reporter.]

An Obstetrical Query Continued.

Ed. Med. and Surg. Reporter:—

In your issue for March 21st, p. 276, Dr. J. S. Bird, of Hyde Park, N. Y., has replied to my query of March 7th.

The query proposed was regarding a case of occipito-posterior position (originally a fourth position), and the questions I desired to be answered categorically, were: 1st. The proper treatment of that case? 2d. The difficulties likely to be encountered in the delivery? 3d. Prognosis for the child? 4th. Prognosis for the mother?

Dr. Bird has answered frankly, and "from his own experience." 1st answer. Forceps. 2d. No difficulties will be encountered by a reasonably skillful operator, beyond those usually met with in application of forceps at the brim of pelvis. 3d. Prognosis good for the child. 4th. Prognosis for the mother invariably good, if managed as above!

Dr. Bird requests the undersigned to inform your readers of his treatment in the case in question, and the results! I will be pleased to give the treatment and the results in the case in question (which, by the by, was not a hypothetical case, but a clinical one), but previous to so doing, I desire to elicit a little more discussion upon the subject, and am curious to know if many others of your readers, physicians of large experience in midwifery practice, have been so fortunate as Dr. Bird, and if they would regard such a case as ordinarily fraught with no peculiar difficulties?

Dr. Leishman says, in his new work (System of Midwifery), in speaking of occipito-sacral positions, page 302: "The forceps are quite inapplicable to the class of cases last mentioned,

for reasons which are obvious. The surest and safest guidance is to be found in the careful study of the mechanism by which nature at this stage effects the rotation."

It seems that Smellie, more than one hundred years ago, found great difficulty in delivering the head in this position, by means of the forceps; and we think the same difficulties are to be encountered now as at that date. Will some other subscriber be so good as to reply to our interrogatories, and enlighten us upon this subject with his *experience*, and especially in fully answering the first query?

If forceps are decided as indicated, and *direct traction*, please state mechanism fully, and the manner in which the head is to be delivered in this position. In our case we have stated that "the occiput already presses against the perineum and greatly distends it; the forehead seems now almost impacted under the arch of the pubis." (See Med. and Surg. Reporter, March 7).

We are confident these queries cannot be answered theoretically or dogmatically; the *experience* of the practitioner will be found in these cases of more value than all the theory in the world. Yours, etc., T. G. C.

St. Louis, March, 27, 1874.

Alcoholism.

Ed. Med. and Surg. Reporter:—

In a late number of the Medical and Surgical Reporter, the Editor quotes British medical authority to prove that the prescriptions of physicians, do not, as a general thing, contribute to make drunkards.

I can adduce several examples to prove the fact that prescriptions, by regular physicians, of alcoholic stimulants do lead to habits of drunkenness in the patient. For example, Mr. B., a young man of Fauquier county, Virginia, applied to Dr. A., a regular practitioner, for a prescription for the relief of debility. All was prescribed without any limitation as to time or quantity. During this man's last illness, seven years afterwards, which was caused by excessive indulgence in ardent spirits, he declared that the above prescription led to his acquiring a taste for stimulants.

In another instance, I knew a Doctor who was celebrated in his neighborhood for preference of stimulants as remedies. He acquired the sobriquet of "Brandy Doctor." He prescribed on one occasion, for a rheumatic patient, whiskey. His patient drinks now habitually. While many men and women may not indulge to excess, and thereby become drunkards, the fact is easily proved that the prescriptions of the various tinctures, elixirs, and the "inevitable" toddy or milk punch, do lead to intemperance. The habits of society, the world over, encourage drunkenness. Druggists and merchants, and even our legislators, wink at the traffic and sale of alcoholic stimuli, from which money and revenue are derived.

It is well known to the profession, that the late Dr. J. C. Warren, of Boston, recognizing in his practice that the necessity for the employment of spirits by the faculty and the public was too often imaginary, and led to intemperance, before he died, made strenuous efforts, and with success, in Boston, to discourage the use of distilled spirits, Stoughton's Bitters, and the various tinctures which too many drank because ashamed to resort to brandy or rum.

The reports of the various State Medical Societies, and the national organizations in this country and in Great Britain, will also show the adoption unanimously of resolutions condemnatory of physicians who prescribe stimulants without due limitation.

Says a medical cotemporary, writing for the *Richmond Journal*, "My heart is pained when I think of the reckless manner in which alcoholic stimuli are so frequently prescribed. After a practice of over twenty years, I am fully convinced that our profession have a fearful responsibility resting upon them."

Fred. Horner, Jr., M.D.

Salem, Va.

Medical Affairs at Albany, N. Y.

Ed. Med. and Surg. Reporter:—

The distracted state of the medical profession at Albany still continues. Two of the young professors have suddenly resigned, who were appointed to fill places caused by changes in the Medical College after the death of the lamented March, when the first rupture occurred. Before these, Professors Clymer and Peaslee, of New York (attached to the college about the same time), had severed their connection. At the Albany Hospital four resignations took place simultaneously; Dr. Boyd, the Senior Physician, withdrew some weeks before.

Various conjectures have been ventured to account for these withdrawals, but it seems, from the language of an Albany newspaper, that the latest resignations were occasioned by the appointment of a recent graduate of the Medical School, in consideration of money. If this is really so, Drs. Swinburne, Vanderveer, Bigelow, and Beckett are entitled to commendation for their action in leaving institutions where such reprehensible conduct is possible. When appointments in Medical schools or hospitals become purchasable, a low stage has been reached, and it would be no lower one for such schools to sell diplomas to any one wishing to buy. Whether it is actually true, we have, of course, no positive evidence.

While these convulsions were working in the profession, we learn that a bitter strife was going on out of it, and yet being essentially part of the doctors' quarrel. Dr. C. A. Robertson (whose name is well known to the profession as the author of the searching criticism of the report published concerning the illness and treatment of the late Dr. March), was proposed as a candidate for the office of President of the Albany Young Men's Association, in recognition of his valuable services last year, while acting in another capacity. Promptly the name of Dr.

Haskins, of the Medical College party, was nominated, although he had no connection with the literary body of which Dr. Robertson was an officer. It was clear to the public mind that somebody had injected the virus of the medical strife into the affairs of the Association. Citizens of the highest character condemned the spirit and intention of this conduct, as threatening to the best interests of the Association. As this was the feeling of most of the active members, too, the defeat of Dr. Robertson was evidently not to be accomplished without bringing in enough new members for the purpose.

The strife waxed warm, and for a while the Young Men's Association and the "Doctors' Fight" were the theme of the greatest interest. All "the knowing ones" declared it was Robertson and Armsby again, and bets were made on the issue. However, to cut this subject short, at last the balloting was held, and it was found that Dr. Robertson, with his entire ticket, was elected.

Still another curiosity-stirring, and perhaps contention-breeding appearance is noted. This is a bill, somewhat remarkable in its language, contemplating a consolidation of the Albany Hospital and the Medical College, which has just appeared in the State Legislature. To what it may lead is a matter of question that is beginning to be considered.

There is also talk of a new medical school, which may end in talk or may come into active existence, with a staff of well educated professors. At all events, it is time that a better state of things should exist in Albany.

Albany, N. Y. A. B. C.

Eupatorium in Tapeworm.

Ed. Med. and Surg. Reporter.

In your journal, of February 28th, I notice the report of a case substantiating the efficacy of pumpkin seeds as a remedy for tapeworm. As I have retired from practice, and would like to see the effects of an equally simple remedy tested, I send you the following case, hoping those having an opportunity for more extended observation in such cases may be induced to compare it with other remedies:—

Mrs. C——, aged thirty-one years, came under my observation in the fore part of March, 1873. She had been complaining for a year or two. I think she had been under one physician's care for a year, being treated for disordered liver, indigestion, etc. About March 15th, 1873, she commenced drinking a decoction of *Eupatorium Perfoliatum* that was prepared for her husband. She would take a swallow frequently during the day, thinking it relieved her stomach. In about two weeks after she commenced the use of the decoction, she began to void a substance that attracted her attention, and alarmed her. At that time she passed (using her language), "a double handful," a part of which was shown to me, and the rest was thrown into the water closet. I pronounced it tenia, and prepared her a quantity of pumpkin seeds, which she took, following up the treatment with a brisk cathartic, but no more of the tenia was discharged, however, until about four days after she took the pumpkin seeds, she went back to the *Eupatorium*, and by drinking it a few days she voided sixteen feet and six inches more of the tenia, since which time she has been well, and free from her former symptoms. Of course this is an isolated case, and proves nothing, but by reporting the facts the attention of others may be directed to the remedy.

H. S. Wilkins, M. D.

Erie, Pa., March 21st, 1874.

Birth of Triplets—Dangerous Hemorrhage Weeks after Abortion.

Ed. Med. and Surg. Reporter:—

The following abstract from my note-book, of a case under my care about two years ago, I trust will not be without interest to your readers; and in order to a better understanding of the case, I will relate some of the previous history of the patient.

Mrs. C., aged 29, has been married nearly twelve years. About two years after marriage she became pregnant, which pregnancy resulted in the birth of triplets, one of which lived four days. She now has three living children, the oldest six, the second three years, and the youngest nearly fourteen months. She informs me that menstruation was regular previous to marriage, commencing again from four to six weeks after the birth of the triplets, as well as after the birth of each child, and continuing regularly until pregnancy again. Some eight months after the birth of the second child her first abortion occurred. At that time she resided in Bridgeport.

I first saw the patient July 21st, 1872. An abortion had taken place eleven days previous, and not suffering much at the time her friends did not call in medical aid. I found her suffering from an excessive flowing, which had suddenly prostrated her. I succeeded in checking the hemorrhage with the usual remedies, and in the course of three or four days she was able to walk about the room.

On the night of August 19, six months from the time of the abortion, on awakening from a sound sleep, she was again taken with profuse hemorrhage. On arriving at the house, I found the patient almost moribund from the excessive loss of blood. After great exertion and effort, I succeeded in checking the uterine flow, and rallying her from a dangerous condition. Some slight attacks of hemorrhage have occurred since, but not of a serious character; and at the present time (Sept. 6, 1872,) the patient is apparently out of danger.

Since recording the above I have been called three or four times to see the patient, and found her suffering from uterine hemorrhage, but not to an alarming extent, and comparatively easily controlled. The last attack, if my memory serves me right (for I have failed to note it), occurred about eight months since. A few days

ago she called at my office to be treated for a cough, but otherwise was enjoying fair health.

The case is interesting and remarkable, considering the birth of triplets, the abortions, menstruation recurring and continuing while nursing each child, and the extreme danger from hemorrhage so long after abortion occurred.

D. C. Leavenworth, M. D.

New Haven, Conn., March 18, 1874.

News and Miscellany.

Medical Society of the State of Pennsylvania.

Philadelphia, March, 1874.

The Annual Session will be held in the city of Easton, on Wednesday, May 13th, 1874, at 3 P. M.

The Address in Surgery, by Thos. M. Drysdale, M.D., Philadelphia.

The Address in Medicine, by T. H. Helsby, M.D., Luzerne.

The Address in Obstetrics, by Wm. B. Atkinson, M.D., Philadelphia.

Report of the Committee on the Regulation of the Practice of Medicine and Surgery. Chairman, Dr. R. L. Sibbet, Cumberland.

On Education of Deaf Mutes. Chairman, Dr. L. Turnbull, Philadelphia.

On Care and Treatment of Insane Criminals. Chairman, Dr. John Curwen, Dauphin.

On Compulsory Vaccination. Chairman, Dr. Benj. Lee, Philadelphia.

Secretaries of County Societies are requested to forward their lists of Officers and Members, with the post-office address of each member, to the undersigned, at their *earliest convenience.*

Wm. B. Atkinson, *Permanent Secretary,*
1400 Pine Street, Philadelphia.

Law Regulating Medical Practice in Pennsylvania.

A bill has been introduced at Harrisburg to regulate the practice of medicine in this State. The measure, if passed, is to take effect June 1st, and provides that after that date it shall be unlawful for any person to practice medicine who has not graduated with the degree of "Doctor of Medicine," and received a diploma from a chartered medical school authorized to grant medical diplomas. An exception is, however, made in the case of persons who have been for twelve years in continual regular practice, though they may not have thus graduated. To prevent interference with regular practitioners, there is an additional provision that any person who attempts to practice medicine in any county by opening a transient office, or who by advertisement assigns such transient office as a meeting place for patients, must first furnish satisfactory evidence to the clerk of the court of the county that he has graduated as aforesaid, and must in addition take out a license for one year, paying for it a fee of two hundred dollars. Regular physicians and surgeons beginning practice in any county, "with the intention of remaining permanently therein," are exempted from compliance with this portion of the act. The penalty for the violation of the law, if it is passed, is a fine of two hundred to five hundred dollars, or imprisonment not exceeding six months, or both, at the discretion of the Court.

A Medico-Psychological School.

The New York *Daily Graphic* says:—One of the recent ideas current among men of science is the establishment of a new school or university, similar in plan to the medical schools, but devoted to the study of experimental psychology. Mental science, it is claimed, stands in the same relation to ethics and the art of mental health generally that medical science stands to the art of curing diseases. To such a university the insane asylums and the criminal courts would be the adjuncts analogous to the hospitals in the schools of medicine.

It is proposed by Dr. Kaizer, President of the Berlin Philosophische Societat; Leon Dumont, of the *Revue Scientifique*, Paris; and Dr. Wallace Wood, of New York, together to establish during the coming year such a school at Milan, to be called the Stendhal Psychical College. A charter will be obtained and diplomas will be granted to graduates, conferring the title of doctor of psychology. There will be five professorships, one for the study of sensation, one for memory, one for the study of the passions, the other two being devoted to the chemistry and anatomy of the nervous centres. One of the professorships, at least, that in connection with sensation, will be given to a lady.

Orthopedic Surgery.

Dr. DeF. Willard will deliver a systematic course of lectures, on Orthopedics, at the rooms of the Ninth Street Medical Association, S. W. corner Ninth and Locust streets, commencing on Thursday, April 9th, and continuing thereafter at such hours as will suit the class. The Course will include a discussion of all varieties of deformities and malformations, congenital and acquired, together with the operative and mechanical means for their relief.

The Last of the Siamese Twins.

The bodies of the Siamese Twins were removed from the College of Physicians and Surgeons on March 20th, by Messrs. Christopher and Diogenes Bunker, sons of the deceased, who took charge of them, intending to convey them to Mount Airy, North Carolina, where they will be interred. The Messrs. Bunker deny the reports which have been circulated, to the effect that the scientific commission who performed the autopsy on the bodies were obliged to pay a sum of money to the family for the privilege, and state that the family have no intention whatever of allowing the bodies to be exhibited for money, and to that end will endeavor to have the effect of the embalming fluid now in the bodies destroyed.

A general disappointment is manifested, both at home and abroad, at the slip-shod and imperfect way in which the autopsy of the Siamese twins was reported.

The British *Medical Press and Circular* says: "The results of the autopsy seem to have been communicated piecemeal, and in a very unsatistory way. In the end we suppose we shall get a more exact account."

This comes of letting a matter of science be made a catchpenny item by a sensational medical paper, confessedly anxious to advertise itself "in any way."

The College of Physicians of this city was thus led into a discreditable snare; and now the rumor is that the regular organ of that body declines to exhibit the Siamese in its regular report of the Proceedings of the College. The Fellows naturally feel as if they had been sold cheap.

Ancient Recipes.

A century and a quarter makes a difference in therapeutics, as is illustrated by the following letter taken from the *Carolina Gazette*, of May 9, 1750, quoted by the *Star*, of this city.

"To the Printer—*Sir*: I am commanded by the Commons House of Assembly to send you the enclosed, which you are to print in the *Carolina Gazette* as soon as possible. It is the negro Cæsar's cure for poison, for discovering of which, and likewise his cure for the bite of a rattlesnake, the General Assembly hath thought fit to purchase his freedom and grant him an allowance of £100 per annum, during life.

"I am, etc.,

"James Irving."

Take the roots of plantain and wild hoarhound, fresh or dried, three ounces; boil them together in two quarts of water to one quart, and strain it; of this decoction let the patient take one-third part three mornings, fasting, successively, from which, if he finds any relief, it must be continued until he is perfectly recovered; on the contrary, if he finds no alteration after the third dose, it is a sign that patient has not been poisoned at all, or that it has been with such poison as Cæsar's antidotes will not remedy, so he may leave off the decoction.

Foreign Body in the Stomach.

About five months ago the infant son of J. B. Scattergood, Esq., of this city, met with a surprising accident. His age was then four and one half months, and he swallowed a fruit knife two and three-eighths inches long, one-fourth inch thick, and one and one-fourth inches in circumference. Over four months afterwards, on March 8th, the child then being nearly nine months old, the knife passed out through the bowels. During the interval the little fellow suffered very much at times, but he is now in good health.

—New York has formed a "Mutual Cremation Society."

Capital Punishment in Illinois.

In the Legislature of Illinois a special committee of five has been appointed on the subject of capital punishment. A strong outside pressure will be brought to secure the passage of a bill abolishing the death penalty. Petitions are coming in to urge the measure forward.

—Dr. Balle presented, recently, to the *Faculté de Médecine*, of Paris, a young girl, aged fourteen, named Blanche Dumas, whose body, from the waist downwards, is double, the two parts acting independently of each other. The two legs she uses for walking belong each to a different trunk, while a third one is quite insensible to pain. Her health is good.

—At Virginia City, Nevada, a week or two since, James Booth was fatally injured by having both legs cut off by a railroad train. A young man who saw the accident fainted, and his hair, which was black, instantly turned white with the shock.

—Carlyle has somewhere affirmed that the presence of quackery as an appendage to any profession is indicative of something decidedly wrong in the constitution of the profession itself.

—More than a hundred people are drinking warm blood at the Brighton, Mass., abattoir, for various diseases, and there is talk of building a hotel to accommodate the patients.

—At the University of Berne there are at present twenty-five lady medical students, among whom are twenty-two Russian ladies, whom the last ukase forced to leave Zurich.

—The small-pox is again epidemic in Montreal. It is estimated that there are two hundred cases of the disease in that city, and several deaths are reported daily.

—Count Waldeck, the painter, is still living in Paris, at the age of 108.

OBITUARY.

DR. NEIL ARNOTT.

Dr. Neil Arnott, well known for his "Elements of Physics," published about forty-five years ago, died in London, March 2. He was one of the physicians to the Queen, and died at the age of eighty-six years.

Dr. Arnott's genius showed itself in a very unusual combination of inventive power, with the art of popular exposition. His greater inventions include the "water-bed," for protection against bedsores—an effectual preventive of the sloughing of the skin. He was full of minute mechanical contrivances, both in his profession and out of it. That the public might get the full benefit of his inventions, he never took out a patent.

MARRIAGES.

Perkins—Beard—In the Methodist Episcopal Church, Hancock, Md., March 19, 1874, by the Rev. E. E. Anderson, Dr. Wm. H. Perkins and Mary J. Beard, both of Hancock, Washington Co., Md.

THE

MEDICAL AND SURGICAL REPORTER.

No. 893.] PHILADELPHIA, APRIL 11, 1874. [Vol. XXX.—No. 15.

Original Department.

Lecture.

SOME MEDICAL PILGRIMAGES ABROAD.

AN INTRODUCTORY LECTURE TO THE SUMMER COURSE OF JEFFERSON MEDICAL COLLEGE, DELIVERED MARCH 30th, 1874.

BY DR. RALPH M. TOWNSEND.

Out of the old fieldes, as men saith,
Cometh all this new corn fro' year to year;
And out of old books, in good faith,
Cometh all this new science that men lere.
Chaucer.

Gentlemen:—It is my eminently agreeable duty this morning to bid you welcome to the ninth annual course of summer lectures of this school.

It has occurred to me that in no pleasanter and more profitable way could we pass our introductory time, than by the recital of some pilgrimages beyond the Atlantic, to the graves of our medical fathers. Their names will constantly be brought before you, either in connection with drug or ailment, anatomical part or surgical procedure, and it may be you will feel a kind of mental hunger to know more concerning them than can drop from the lecturer's lips in his otherwise busy hour. Moreover, the patient lessons of their lives, coupled with the good they wrought, constitute a precious legacy, which, having been faithfully held in trust for us, should, by us, be religiously guarded for our posterity.

We cannot visit all the shrines of these old medical pioneers, because the field is so vast that our time would sooner end than our way. But we can look into an old cathedral here, and stroll through a grassy graveyard there, and as we read their names, and tread softly above their dust, both prove the vigor of our youth by our reverence for age, and improve our better nature by growing in closer companionship with such glorious professional ancestry.

St. Augustine's, the Court Church of Vienna, contains the tomb of Van Swieten, whose "Commentaries on the Aphorisms on the Diagnosis and Cure of Disease of Bœrhaave," his illustrious master, is still a standard work. Van Swieten was born at Leyden, in 1700, where he afterward became professor of medicine. Driven from his native city by religious persecution, he found a refuge in the Austrian capital, where his abilities raised him to the rank of a baron, made him Superintendent of the Imperial Library, President of the Medical Faculty, and first physician to Austria's greatest Empress. He was contemporary with Albinus, Hoffman, Meckel, Gaubius, and Haller. The Church wherein he rests contains the ashes of long and imperial lines, and is rich in monumental work of master hands, like Zauner and Canova; and its walls are five centuries old, antedating the days of Harvey, Sydenham, Paré, and Vesalius.

By rail, ten hours' ride westward from Vienna, skirting the banks of the "blue Danube," and the base of the Tyrolese Alps, brings us to the beautiful Austrian town of Salzburg. In the "Platzl," near a bridge spanning a gray glacier stream, stands a line of tall and weather-beaten houses. High up on the front of one of them is an ancient painting of the head of a monkish

looking man, bearing this inscription, in Latin, underneath :—

Philippus Theophrastus Paracelsus,
who inhabited this house, and died here, 1541.

Entering a narrow court, around which the building is constructed, we perceive that the great bombastic's office must have been on the second floor, as the only apartment on the ground floor of these old houses was occupied by the *concierge*. There is no sign of the mansion's former celebrated inhabitant. A washerwoman plies her vocation at the office window, a canary bird's song usurps the sound of the patient's inquiry in the court, and the little room of the *concierge* is occupied by a bald-headed watchmaker. For aught we know, the time-piece of Paracelsus may be one of the row of old watches hanging in the dusty window, truer to its times and its mechanism than was its alarm-and-bell-sounding possessor. But it must not be ours to judge him. When the virtues of opium and mercury opened themselves to him (he was the first to introduce them into general use), he might, for the time, have thought that life's elixir had run into his hands. He died poor and neglected, in this Salzburg house; and, if his life witnessed him false to his profession and his age, the pangs of poverty doubtless united with those of conscience, and blotted out even the remembrance of the most brilliant of charlatanry's successes. In the vestibule of the Church of St. Sebastian, at the end of the *Lintzer-strasse*, not far from where he lived, Paracelsus lies buried. His monument stands in a niche by the side of a latticed window. On its shaft is painted another of those monk-like faces, similar to the one we have seen upon his house, only this one shows the hands crossed upon the breast, as if confessing, or at prayer. A priest inside the church was saying mass, and the organ played soft and low, as I sketched his tomb; and many of those who went to and fro from the church, especially those of the poorer class, who might have been laboring under some sickness, knelt before the monument and said a short prayer. Such is the force of superstition, and the lasting power of the name he wrought, that many annually pilgrimage to this tomb, in order to avail themselves of the healing power that a prayer before it is supposed to evoke.

The inscription on the monument is in Latin, in three parts, and reads :—

"Here is the portrait and bones of Philip Theophrastus Paracelsus, who obtained so great worldly fame from chemical gold, and who shall lie here until he is again clothed in his own flesh." Job xix, 26."

[The Bible verse to which the latter part of this inscription bears reference, reads : "And though after my skin worms destroy this body, yet in my flesh shall I see God."]

Lower down upon the tablet a second inscription reads :—

"Taken from his tomb and placed here at the repairing of the church in 1752."

And finally, we have :—

"Here lies buried Philip Theophrastus, a distinguished teacher of medicine, who cured by his wonderful art those terrible ills, lepra, gout, dropsy, and other incurable affections of the body, and gave his goods to be distributed to the poor. On the 24th day of September, of the year 1541, he exchanged life for death.

"Peace to the living; eternal rest to the dead."

And now we will away yet westward to Paris, and in its outlying cemeteries note where rest the remains of medical masters. The great surgeon and anatomist, Velpeau, whose "*Traité de l'Art des Accouchements*" was translated by the late Professor Meigs, of this college, lies buried at Montmartre, whither he was followed by distinguished men from all parts of the world. Orfila, the accomplished writer and lecturer on toxicology and legal medicine, and the principal founder of the *Musée Orfila*, in Paris; Boyer, consulting surgeon to the first Napoleon, Louis XVIII, Charles X, and Louis Philippe; and the distinguished surgeon, Lisfranc, all rest in *Mont Parnasse*.

In the most famous of all cemeteries, *Père la Chaise*, whose every winding walk is rich in the dust of illustrious men, lie Geoffrey-Saint-Hilaire, the celebrated zoologist and founder of scientific anatomy; Amussat, who devised torsion as a method of arrest in hemorrhage; Dupuytren, the great surgeon-chief of old *Hotêl-Dieu;* and Napoleon's illustrious military surgeon, Baron Larrey.

Dupuytren's monument stands, gray and massive, behind a row of trees

"Which a full age have felt the breeze,
And half that time, at least, have made
A long cathedral aisle of shade."

The base of the monument is surrounded by Doric facings, and capped by a commanding granite shaft. On the latter is cut, in clear, bold letters,

DUPUYTREN;

and below this, on the base, is a coat of arms, curious enough to delight the most ardent stu-

dent of heraldry, along with the respective dates, and places, of the surgeon's birth and death.

Larrey's monument consists of a pyramid, like Egypt's in miniature. It bears this inscription:

À
LARREY.
"L'homme le plus vertueux que j'aie connu."
NAPOLEON I.
Concession à perpetuité par la Ville de Paris.

To look at this monument is to see an icy, Polish river, on whose banks the remnant of a great army of invasion are huddled in disordered ranks. All that lies between the freezing, starving men and death, or worse, captivity, is a frail wooden bridge that, even now, is bending with incumbent weight. Suddenly the bullets of Cossack and Russian whiz through the mass, making it, with selfish vigor, press women and children under foot, and strive for the bridge. But while the panic is at its height, the frantic soldiery recognize a genial presence in their midst, who has followed them with *saving* hand in Tropic heat, Arctic cold, conflagration, and the roar of battle; a presence that they love so well that before, they refused to march without it in their hour of victory, and now they will not desert it, even in the pressing time of disastrous defeat. Until Larrey has been saved the suffering men cease all exertion for self. They pass him from man to man, and give him safe passage across the bridge. An instant after, it breaks, and hundreds, whom hunger and cold had spared, are carried into captivity or sink beneath the waters. What would you give for the warmth of grateful feeling that must fill that grand old surgeon as he plies his saving knife all that bitter cold night, on the snow, and under fire of the enemy's baffled cannon!

As we pass through Paris we see crowds lining the *boulevards*, gazing respectfully and silently upon a procession composed of glittering soldiery, dirge-playing bands, and some of the best intellects of Europe. Paris, charmed with his simpleness and worth, pays homage to the remains of one to whom surgery, while it wore him out, imparted its glory. Member of the French Academies of Medicine and Science, Grand Officer of the Legion of Honor and Senator, it seemed but yesterday that nations showered their congratulations upon him above whom now wave the funeral plumes, when his fertile genius had relieved the sufferings and saved the life of the hero of Caprera.

The procession that we see follows Nélaton to Père la Chaise.

This city of Paris, that has done so much for science, is not forgetful of its illustrious dead. They are remembered in painting, dome, and sculptured grandeur. About its wonderful public charities we may see remembrances, in bronze and marble, of such eminent physicians as Dubois, Alibert, and Trousseau; and such great surgeons and anatomists as Paré, Bichat, Jobert, Cazenave, Velpeau, Civiale, and Dupuytren.

Twelve hours from the bright French Capital, by rail and boat, brings us to the mighty metropolis of Britain, where rest many illustrious medical men.

In the old church of St. Martin's-in-the-Fields (name redolent of birds and grass, but standing in the centre of London), a few of his oldest friends, in 1793, laid away the body of John Hunter, giving his dust companionship with that of Robert Boyle, the chemist; and Sir Theodore Mayerne, physician to Charles I and James I. From this church, in 1859, the remains of the great master of organic science were removed to beneath the north aisle of Westminster Abbey. There we read, after raising the dusty matting that covers it, this inscription, let, in letters of brass, into the pavement:

"The Royal College of Surgeons, of England, have placed this tablet over the grave of Hunter, to record their admiration of his genius as a gifted interpreter of the Divine power and wisdom at work in the laws of organic life, and their grateful veneration for his services to mankind as the founder of scientific surgery. Born 1728: died 1793."

In the dim light of the cathedral we look back a century and more, and see the Glasgow cabinet-maker ride horseback into London. We follow him at work in his brother's dissecting room, at Chelsea Hospital, under Cheselden, at St. Bartholomew's, under Pott, and as staff-surgeon in Bellisle and Portugal. We see him returning to London, scant of means, but full of scientific ardor, and, as a result of his labors, elected a fellow of the Royal Society, and surgeon to St. George's Hospital. And thus, as we trace him step by step through his long and brilliant career of work and thought, the refulgence of his later glory, like a burst of sunlight through the Abbey windows, grandly illumining the richness of its interior, envelopes us.

"Hunter's researches covered the whole range of the animal kingdom, and were conducted with such untiring zeal, that he dissected upwards of five hundred different species, exclusive of dissections of different individuals, and of a large number of plants. The results were

carefully arranged and stored in that noble collection which he formed, of the magnitude of which we may gain some idea, that, at his death, it contained upwards of ten thousand preparations, illustrative of the phenomena of nature."* But this, although great, was not his greatest achievement. His profoundest labors were those of thought. Wrapped in the magnitude of his inner self, he evolved instruments, operations, and theories. He viewed pathology as though he had walked the wards of a mineral hospital, listened to the language of every drooping plant, and heard the wail of past complaint from every living thing. He announced, what even we in these days of high brain pressure can hardly grasp, "the magnificent theory that the science of pathology does not mean the laws of disease in man alone, or even in animals, or even in the whole organic kingdom; but it means the laws of disease and of malformation in the entire material world, organic and inorganic."

Buckle ranks Hunter, as a philosopher, with Adam Smith; and as a master of organic science, with Aristotle, Harvey, and Bichat.

In the same aisle with Hunter, a massive allegorical carving commemorates Hugh Chamberlain, a noted London *accoucheur*, who practiced in the latter part of the seventeenth century; and a bust and various emblematical devices do honor to Richard Mead, physician to George II, a voluminous medical writer, and the friend of Pope, Newton, and Bœrhaave.

William Hunter rests in a vault of St. James' Church, Westminster. As Physician to the Queen, Surgeon-Accoucheur to the Middlesex and British Lying-in Hospitals, Professor of Anatomy in the Academy of Arts, and President of the Royal College of Physicians, he, like his brother, achieved enduring reputation. He was the first to describe varicose aneurism, and the membrana decidua reflexa; and his "Anatomy of the Human Gravid Uterus" was one of the most splendid medical works of the age in which he lived. At his death (1783) he bequeathed the magnificent museum he had collected to his Alma Mater, the University of Glasgow. The bequest included a sum of forty thousand dollars for the erection of a building for the reception of the collection. The museum to-day is valued at six hundred and fifty thousand dollars, and is yearly increasing in contents and value.

* Buckle's History of Civilization.

The "English Hippocrates," Sydenham, rests from his labors in the Church of St. James, Piccadilly: Arbuthnot and Akenside bear him silent company.

Arbuthnot was a Scotchman, who, like many of his countrymen, came to settle in London. He was Physician-in-Ordinary to Queen Anne, and a medical writer of ability. His chief productions, however, were of a combined satirical and political character. He was intimate with Pope, Swift, Gray, Prior, and Bolingbroke. Swift said of him, "He has more wit than we all have, and his humanity is equal to his wit." Akenside, the son of a butcher, became physician to a queen. About 1760, while Physician to St. Thomas' Hospital, he wrote, in elegant Latin, a treatise on "Dysentery," which, says Johnson, "entitled him to the same height of place among the scholars, as he possessed before among the wits."

John Armstrong, best remembered by his satirical "Essay for Abridging the Study of Physic," and a didactic poem on the "Art of Preserving Health," lies in St. Paul's, Covent Garden.

St. Paul's Cathedral, dear to every Englishman on account of its architectural grandeur, and as the place of sepulchre of Nelson and Wellington, contains, among other monuments, columns to Howard, the philanthropist, Dr. William Babington, and Sir Astley Cooper.

Howard's was the first monument erected in St. Paul's. He died at Cherson, on the Black Sea, in 1790, while searching out the cause of the plague, and "taking the gauge and dimensions of misery, depression, and contempt." Babington's tablet and statue bear date of 1833. He lectured on chemistry at Guy's Hospital, and was one of the founders and President of the Geological Society.

Sir Astley Cooper's grave is marked by a commanding statue of him. On its pedestal is inscribed:—

"SIR ASTLEY PASTON COOPER, BART.,
K.C.H., F.R.S., D.C.L.

"Member of the National Institute of France, Sergeant-Surgeon to their late Majesties, George IV, William IV, to her present Majesty, Queen Victoria, and for a period of forty-two years, Surgeon to Guy's Hospital.

"Born, 1768: died, 1842.

"Animated by a fervent attachment to the science and practice of his profession, it was the study of his life to augment and simplify the resources of surgery; and by a most assiduous, benevolent and successful application of his time and talents to this

noble department of the healing art, not his country alone, but the world, became indebted to his exertions and familiar with his fame. As a memorial of his excellence, and their admiration, his contemporaries and pupils have erected this monument to perpetuate his name and example."

A few miles north of London is the country church of Willesden, and there, last October, was laid away, in a vault in the churchyard, the remains of Sir Henry Holland. Beyond his immediate family, and ordinary spectators from the village, there was no attendance of visitors at the church. This seemed curious, especially after witnessing the funeral of Nélaton, who (such our impression) had avoided fashionable life with as much earnestness as Sir Henry had courted it. There also seemed to be some professional respect wanting in the absolute non-attendance of medical men. The published writings of the deceased baronet placed his professional and scientific knowledge beyond dispute. From the commencement of the century he had lived, an intelligent and omnipresent spectator, through seventy-two of the most exciting and eventful years of the world's history. He had seen the political and social aspect of most civilized nations in both hemispheres transformed three or four times over, including the fall of empires, monarchies and republics. He had crossed the Atlantic sixteen or seventeen times; traveled over more than twenty-six thousand miles of this continent; made four expeditions to the East, three tours in Russia, two in Iceland, several in Sweden, Norway, Spain, Portugal, Italy and Greece; voyages to the Canary Isles, the West Indies, Madeira, and, to use his own words, "other excursions which it would be useless to enumerate." He had associated, in every capital in Europe, with all that is, or was, most eminent for rank, birth, genius, wit, learning and accomplishment. He could call every leading statesman of this country, and its Presidents for the last half century, his friends; and in his professional capacity, besides a long list of royal and princely patients, he had the honor and responsibility of prescribing for six Prime Ministers of England, besides Chancellors of the Exchequer, Secretaries of State, Presidents of the Council, Chief Justices, and Lord Chancellors.

[*To be Continued.*]

—In Paris, thirty-seven streets, according to a Parisian cotemporary, are named after medical men.

Communications.

ON PUERPERAL PERITONITIS AND ITS TREATMENT.

BY BEDFORD BROWN, M. D.,
Of Alexandria, Va.

The anatomical structure of the serous membranes of the chest and abdomen is identical, and yet the results of inflammatory action in the same tissues are exceedingly diverse.

In the former, life is not seriously endangered, while in the latter, it is in extreme jeopardy. Both peritoneal and pleural membranes enclose equally vital organs. But there is one cause for this difference of mortality in puerperal peritonitis, uterine phlebitis, and septicæmia, which has been so fully discussed as to require no comment here, while there is another still, not less important, and which is common to all peritoneal inflammations, whether traumatic or otherwise in character, which has not received so much consideration.

The great sympathetic, or organic system of nerves and ganglia, being spread out underneath the entire intestinal portion of the peritoneum, and, with the exception of the brain, being distributed to every vital organ in the body, is as distinct in its peculiar functions as the voluntary system itself. In every case of peritonitis, from whatever cause, this system of ganglia becomes involved in proportion to the extent of inflammation. When involved in acute inflammation to a serious extent, the tendency is to dangerous depression of its action and functions, and what in reality may be termed paralysis of the organs over which it presides. The marked tendency to depression, and ultimately to paralysis of the action of the heart, constitutes one of the earliest and most alarming features of peritoneal inflammation. This is not due to serous inflammation only, as no such result is observed in even extensive pleuritis, but to disease and disorganization of a great system of ganglia which presides over the action of the heart and the functions of circulation and secretion. Thus slight injury of this system will often paralyze the action of the heart as speedily as paralysis of a set of muscles will follow injury or disease of the brain. Sudden syncope and death from injuries of the abdominal organs are evidences of this fact.

Hence this condition should not be regarded in the light of an ordinary instance of asthenia.

Some of these cases of peritonitis are so sudden in development, and rapid in progress, that they could not be due to septicæmia or ordinary asthenic causes, the functions and action of the organic system being overwhelmed speedily in a hopeless state of paralysis. In a case witnessed many years since, in which a violent rigor followed in an hour after a somewhat tedious but natural labor, with excruciating pain and tenderness over the abdomen, peritonitis, and fever, and universal tympanites, all were developed within a space of six or eight hours. In twelve hours the pulse was so feeble and rapid that it could not be numbered. In twenty-four hours the surface was entirely cold, and death followed immediately. Probably in our investigations and treatment of puerperal and traumatic peritonitis, the important agency and influence exerted by disease of the sympathetic system on the fatality of the disease, as well as on its general progress, have not been duly estimated or considered.

In no other acute inflammatory affection does the rate of cardiac action rank so high from the beginning, or cardiac power so low, with the exception of meningitis, as in puerperal peritonitis. Thus not unfrequently, and indeed usually, the pulse rate will stand at 120 per minute immediately following the primary chill. In twenty-four or thirty-six hours it will often reach 140 or 150. At this rate the muscular power of the heart is reduced so low that the organ fails to throw the blood beyond the larger arteries. Capillary stasis is the inevitable result, and cardiac paralysis follows speedily. Thus the rate of frequency of cardiac action will rank, on an average, higher throughout the disease than in any other. In this state of affairs the contractions of the organ are so slight and feeble as to be scarcely audible to the ear when applied to the chest. Often in these cases the double sound is no longer heard, but in its place a single confused sound is detected, so feeble and rapid in succession that scarcely any intermission can be perceived. This condition, of course, indicates impending paralysis of the organ.

All other organs to which branches of the sympathetic system are distributed suffer equally in the paralyzing effects of the peritoneal inflammation. Suspension of the functions of digestion, paralysis of the muscular coats of the stomach and intestines, or tympanites, hepatic and renal torpidity, are all among the earliest and most persistent of its results.

Treatment.—In adopting a method of treatment for puerperal peritonitis there are three leading principles which should always guide our action: resolution of inflammation, support of the muscular power and force of the heart, and the prevention or correction of septicæmia when indicated.

Depletive antiphlogistics will not do, as they only hasten the tendency to cardiac depression and paralysis which we wish to avoid, without in reality materially facilitating resolution. The stimulant treatment alone merely endeavors to counteract effects without correcting the cause. Neither will the expectant method answer, as that merely tacitly permits both cause and effect to pursue their own course untouched. The idea that by any violent or active course of treatment we can *cure* inflammation, is justly an exploded one. All that we can do—and that is a great deal—is to place the different elementary parts of the system, as the circulatory, the nervous, secretory and nutritive, when in a state of disease, in a state as nearly approaching health as possible by the means at our disposal, that what is termed resolution, or, in other words, restoration, may occur.

Now, in the treatment of peritonitis we must adopt a line of conduct which will hasten resolution of inflammation as early as may be practicable, and at the same time sustain the muscular power of the heart, the force of circulation, and obviate the tendency to paralysis of the great organic system.

The agent which, as a single means, of all others, unites in an eminent degree the powers of resolving inflammation, and of sustaining the vital powers, is the preparation of quinia. It is a potent antiphlogistic in certain quantities, which does not rob the system of its vital fluid, does not depress the action of the heart, nor produce prostration of the nervous system, but probably acts upon fever and inflammation by restoring the blood to a healthy condition, and giving tone and strength to the impaired nervous energies.

That it is a potent and permanent promoter of resolution in acute inflammation, the evidences of daily practice, as witnessed in its action in pneumonitis, pleuritis, dysentery, tonsillitis, and in occasional cases of puerperal peritonitis, are such as to leave no room for doubt.

To insure successful results in peritonitis, the remedy should be used in large doses from the incipiency of the attack. After disorganization

has commenced nothing can be accomplished by it. Among its earliest good effects is reduction of and equalization of abnormal temperature. Then the frequency of the heart's action diminishes and grows more steady and forcible; pain subsides, and a copious, but natural perspiration finally ends in restoration. In those more unhealthy forms of inflammatory action, as the erysipelatous, gangrenous, phlebitic, and ulcerative, in which septicæma is supposed to exist, quinia, when largely introduced into the circulation, constitutes one of our most valuable antiseptics. I am constantly in the habit of using it freely as an antipyretic in inflammatory fever of the highest grade, and see no difference in effect from that in malarious affections.

The bromide of potash in large doses may be associated with the quinine and moderate quantities of morphia advantageously. In violent cases from twenty to thirty grains of the potash may be used every four hours, not only as an alterative, but as a valuable sedative over the nervous and circulatory systems. Furthermore, it counteracts in a measure any unpleasant effects which may arise from large doses of quinia on the nervous system.

In the more advanced stages, when the heart begins to lose force, digitalis given freely gives strength and tone to its action, and in this way diminishes its frequency.

The more active antiseptics are useful, but only in that class of cases arising from septicæmia and uterine phlebitis. As this class of cases arise from decomposing and septic material in the uterus, the use of these correctives is absolutely necessary. In some of these cases the uterine discharges are offensive in an intense degree. Carbolic acid used per vaginam, and externally in poultices, is not only an antiseptic but probably is one of the most energetic antisuppuratives in our possession. In the more advanced stages, and in protracted cases, chlorate of potash, iron and cinchona are valuable. Some years since one case recovered under their use soon after effusion into the peritoneum had occurred. In a certain proportion of serious cases, particularly where much tympanites is present, frequent regurgitation of the contents of the stomach occurs, which are often of a peculiar character, presenting indications of fermentation. This is sometimes associated with nausea and vomiting. This yeasty looking matter is regurgitated frequently, and in considerable quantities, regardless of whether the patient takes nourishment or not. It is a serious bar, not only to treatment, but interferes with digestion and nutrition to a degree sufficient to prevent recovery. In this condition, the digestive process is suspended, while the stomach and intestines are constantly pouring forth a vitiated secretion, which as rapidly undergoes fermentation, from which enormous quantities of gas is being disengaged, inflating the intestinal tube to gigantic proportions. In some of these cases, the terebinthinate preparations are useful. But in my own experience, the remedy which is the most efficient corrective of this state of the digestive organs is sulphurous acid, given in quantities varying from thirty to sixty drops, in infusion of columbo, every few hours. In not an inconsiderable experience in puerperal peritonitis, extending over a period of twenty years, I have tested the various standard methods of treatment, and can say truthfully, that the foregoing has been attended by far more favorable results than any other.

Medical Societies.

MEDICAL LIBRARY AND JOURNAL ASSOCIATION, NEW YORK.

DR. JOHN C. PETERS, PRESIDENT.

March 13th, 1874.

On the Study of Dermatology.

Dr. G. H. Fox read a paper on the above subject, and detailed at length a description of Hebra's clinique for diseases of the skin at Vienna. The Doctor held the view that it was much more important to appreciate the pathological condition of the lesion than to be able to classify it under one of the many systems that have been proposed at different times. He also believed that the majority of text books on diseases of the skin serve rather to mystify than to instruct. Considerable discussion took place on the paper, and the view was advanced that not only diseases of the skin, but also syphilis, should be removed from the care of the specialist and placed under the charge of the general practitioner, and this mainly from the fact that the complications of both subjects can be better appreciated by one whose field of vision includes the whole organism.

Application of Hydrostatics to Therapeutics.

[Read before the State Medical Society, and repeated by request of members of the Association.]

Dr. W. M. Chamberlin read an abstract of the above paper, and said that the original paper had been prepared for a different assemblage, and might not be so applicable here.

The intention of the paper was to bring forward different means by which cold could be applied, when and where it was indicated, by means of rubber tubing. The calibre of the different tubing that would be applicable would be one, one-half, one-quarter, one-eighth and one-thirty-second of an inch.

Before passing on to the subject of the paper referring to the application of cold by means of the tubing, Dr. Chamberlin mentioned the different uses of the douche, and the mode of using it, which was in reality accomplished by making the end of the tube serve as a syphon, a weight being attached to the extremity, to keep it in the reservoir. The reservoir might be a vessel of any size, from a small pitcher to a tub or barrel, and the elevation of this would give a corresponding force in the current. He had used this current in place of the stomach pump, to wash out that organ in a case of poisoning, and illustrated the plan by means of an elastic bag. A pitcher of water was used as a reservoir, and when the stomach was sufficiently filled the pitcher was lowered, and in this manner, by reversing the current, all traces of the poison were washed out. This method was particularly advantageous when a stomach pump was not at hand.

Again, when it was desirable to keep a constant stream of hot or cold water on a sore, much satisfaction would be obtained in this way. In suppurative inflammation of the ear, or when foreign bodies were lodged in the external auditory canal, this continuous stream would prove of service.

Thuddichum's douche has been for a length of time in use in the treatment of diseases of the nasal cavities, and will continue so, regardless of occasional attacks of otitis media. In diseases of the bladder, where it is important to wash out the organ, this steady stream of warm or cold water is much preferable to even the cautious use of the syringe, being not so exhaustive on the attendant and more grateful to the patient.

There are a number of other uses which would suggest themselves, as in dilatation of the intestines, in cases of intussusception, and in one case of this kind Dr. Chamberlin had used it with success. If it were desired to have recourse to mediate transfusion, the elevation of the reservoir could be adjusted to meet the required pressure of the circulation.

Thermal and Refrigerant Treatment of Inflammation and Fever.

Without attempting to discuss the advantages of cold in the febrile and inflammatory states, Dr. Chamberlin merely demonstrated how the results could be arrived at by means of the tubing.

Tubular Cap.—This device may be readily extemporized by any one by means of tubing, a quarter of an inch calibre, and sufficient wire ribbon to mould it to the head. The ribbon referred to is that kind used in making bonnets. When it is applied it fits close to the head, like a skull cap. Through the tube there can be flowing water of any temperature, and by its means a more thorough application of cold can be made, and at the same time the patient is not inconvenienced by moisture around the body.

Coil for the Eye.—This was made of parallel folds of tubing, one-eighth inch calibre, and secured in position by two folds of muslin. The coil was about four inches long by one and one-half inches in width, and is to be placed over the eye where indicated. Lint is to be placed next the eye, to be removed when the discharge from the eye requires it.

Coil for the Throat.—When warm or cold applications are indicated in any affection of the throat, the coil yields peculiar advantages. Dr. Chamberlin showed, through the kindness of the Librarian, how it was applied. The tubing was wound around the neck, and all the parts to which the heat or cold was not wanted to be applied were protected by means of a towel. In this way the effect could be closely controlled. Dr. C. said that in diseases of the tonsils he had very much satisfaction with it.

Bag for Chest.—When it is desirable to use water in this manner for the chest, experience proves that if an ordinary bag is employed (cases where local application is required are referred to) the water gravitates to one end; for this reason a bag having the appearance of a gridiron is required.

Coil Around the Joints.—Dr. C. said that one of the most satisfactory of any of the uses to which the tubing could be applied was around an inflamed joint, and instanced a case where a stream of water at about 60° Fahr. produced as decided a result as could be wished for.

The tubing adapts itself to the inequalities, and may take the place of a bandage, by means of its pressure, if required. The abstraction of heat which occurs is astonishing.

Coil for Spinal Column.—Chapman's bags may be superseded by means of three or four folds of tubing thick enough to bear the pressure of the body. These folds pass up and down the back with the vertebræ. It has been found, in Long Island, where there is a great deal of tetanus, that cold to the spine produced better results than anything else tried, and by means of the rubber tube it could be put into use at any time.

Water Bed.—Professor Liebermeister has reduced his mortality in typhoid fever from twenty-six per cent. to seven per cent., by means of cold, and some other observers have succeeded even beyond this. There is, however, one unpleasant difficulty, and that is the wet pack, which is the most common of the methods.

Dr. Chamberlin suggested, as a method to remedy this, the water bed; by means of this bed the water could be kept at any temperature, and the refrigerant effect on the patient could be readily managed. There is another benefit, and that is, that the friends of the patient are not horrified by the wet pack.

Dr. Pooley said he was much interested in the paper which had just been read, but did not think that the douche would be as serviceable

as the syringe in removing foreign bodies from the ear. Its force could not be so easily regulated. It would be very good in cleansing the ear, and also in acute inflammations of the ear. The method of applying cold to the eye was not so beneficial as the cold compresses, in cleansing the eye, and he did not think the tubes would be sufficiently flexible to adapt themselves to the inequalities of the surface of the eyes.

Dr. Henry suggested that in New York, where hot and cold water were in the rooms, the tubes might be connected with the croton, and the water pass down the sink.

Dr. Chamberlin said that the paper was written for the profession where the majority did not have these advantages.

Dr. —— suggested that by making a connection with the hot and cold water, any temperature within reason could be obtained by regulating the flow through each faucet.

Dr. Chamberlin said Dr. Otis had showed him a bag for applying cold to the penis, but he was of the opinion that it did not serve as good a purpose as an ordinary coil. The coil would have the advantage of adapting itself better.

NEW YORK ACADEMY OF MEDICINE.

DR. AUSTIN FLINT, PRESIDENT.

March 20th, 1874.

Clinical Analysis of the Urine of Diabetic Patients.

Prof. Chandler read a paper on the above subject. He said that he did not propose to touch on the clinical history of the disease, but merely to refer to the analysis of the urine. Diabetes was first detected in the time of Charles the Second, but it was not till 1835 or 1836 that sugar was detected in the blood. Before going on to the analysis, Prof. Chandler explained the different groups of sugars, and explained the difference between hydro-carbons and carbo-hydrates. This naturally led him to refer to the group of alcohols, and the way in which different elements can be replaced by substitution.

He referred also to the aldehydes and the acids, and pointed out that the glucose of diabetes was the aldehyde of the hexatomic alcohol.

The glucoses are not as simple as they were supposed to be years ago, and now we have eight different kinds, of which dextro-glucose and levo-glucose are the principal ones; maltose and quosite are in this group.

The names dextro- and levo-glucose have been given to them on account of their action with polarized light, one rotating the ray to the right and the other to the left. In the vegetable world both occur together, and form the most important part of fruit sugar, but in the animal kingdom we get dextro-glucose alone. The urine cannot be tested by specific gravity alone, as we may have sugar and find it vary from 1020 to 1040. Urine may be tested by boiling with an alkali, as in Moore's test, or by subjecting it to the oxide of copper, when it reduces it to a suboxide if it contains sugar; this is the basis of Trommer's and Fehling's tests. When saccharine urine also is boiled with subnitrate of bismuth, and a solution of potassa, it becomes black, from the reduction of the subnitrate.

Prof. Chandler demonstrated a method for ascertaining the amount of sugar in a specimen of urine. It consisted in boiling the prepared solution of copper, and adding a sufficient amount of urine from a burrette to precipitate all the copper, then by reading off the amount of urine required, the percentage of sugar is ascertained.

Prof. John C. Dalton said he had often been impressed with the fact referred to by Dr. Chandler, that Trommer's test, though it reacts with diabetic urine, does not comport itself the same with glucose itself.

Fehling's test will detect one two-thousandth of a grain of glucose, but undergoes a change when exposed to the air and light, although this change may not be detected by the eye; it is judicious, before using it, when it has stood some time, to first test it and see if it will react.

Dr. Dalton found that when put into ounce bottles and corked tight, it will last much longer than in a large bottle.

Prof. Chandler said Fehling's solution may be easily extemporized by adding Rochelle salts and caustic potassa to a solution of sulphate of copper.

Dr. Detmold said that he had a specimen of diabetic urine from which he crystallized out some sugar, but did not get satisfaction with the tests.

Dr. Fowler preferred Trommer's test. He had been experimenting on himself and others, and found that fifteen or twenty minutes after eating sugar signs of it could be detected in the urine.

The president said that if any members of the Academy wished to attend the National Medical Association, they would be kind enough to send in their names shortly, so as to be placed on the list of delegates.

NEW YORK COUNTY MEDICAL SOCIETY.

STATED MEETING, MARCH 23D.

How We Hear.

Dr. A. H. Buck read an elaborate paper on the above subject, and explained the minute anatomy of the ear by means of enlarged diagrams. After describing the action of the bones of the ear, he proceeded to a description of the vestibule, cochlea, and semi-circular canals. In the vestibule there are two sacs containing fluid, one extending into the semi-circular canals, the other into the cochlea. The cochlea, uncoiled, would present itself as a tube slightly funnel-shaped, and in this tube there is a bony septum that does not extend completely across, but the insufficiency is made complete by means of a membrane known as the basilar membrane. Resting on this membrane are cells, and above them rods, about four thousand in number, and extending along the length of the cochlea trans-

versely, side by side. These rods are attached to each other by means of a fluid only slightly tenacious. They have been compared to a pianoforte, very properly, and determine the quality of the tone. The auditory nerve enters the bony septum by means of numerous perforations, and is distributed all along the membrane to the rods. It appears at first unaccountable how the ear can detect at the same time waves of different intensity, but Dr. Buck said it might be explained by comparing the waves of sound to the waves of the ocean, where one of the larger waves might have on its surface a variety of smaller waves. Prof. Meyer had proved by direct experiment, in a way referred to by Dr. Buck, that through one point at the same time might be passed waves of different intensities.

Dr. John C. Dalton said that the society was under many obligations for his original paper. Dr. Buck's reference to the piano proves that there is no mechanical contrivance which has not been anticipated in some form of organized life. We have pulleys and pistons in some of the sea animals, etc.

Dr. H. Knapp complimented Dr. Buck very highly on his original observations, and regretted that he was so modest as not to take more credit than he had done to himself, for he had gone a step further than any one else in his observations.

The President of the society notified the members that the assessment imposed on each, for the publication of the *Transactions* of the State Medical Society, was one dollar and fifty cents.

The society then adjourned.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, MARCH 25TH, 1874.—DR. HERMAN KNAPP, PRESIDENT.

Fibro-Cystic Tumor of the Uterus.

Dr. —— presented the uterus, with fibro-cyst, from a patient who had recently died. During the last ten years it had been growing, but no operation had been attempted till thirty-six hours before her death, when the tumor was tapped and four gallons and a half were taken away.

When the mass was closely examined the uterus was found to have no distinct boundaries separating it from the tumor, and careful dissection did but little to make the appearance more satisfactory.

Cancer of Breast.

Dr. Briddon presented a specimen of cancer of breast which occurred in a patient aged thirty-three years. The tumor was very mobile, and there was no cachexia. Five or six weeks ago it began to ulcerate.

Exsection of Elbow.

Dr. Buddon presented a patient to the Society upon whom the operation of excision of the elbow joint had been performed thirteen months ago. He also passed around a preparation, consisting of the parts of bone removed, and two photographs of the result of the operation.

The boy was thirteen or fourteen years old, and showed a shortening of two inches. The result was exceedingly good, allowing of pronation, supination, flexion and extension.

Twelve days after the boy had been operated on passive motion was enforced. The exsection was of the ordinary kind, not sub-periosteal, and was done for an injury to the joint. If too little bone is removed there is likely to be bony anchylosis, and if too much is taken away you fail to get the perfection of the joint. An objection to sub-periosteal exsections is the redundancy of bone which is liable to result.

Passage of Pin by Rectum.

Dr. Caro presented a pin which had been swallowed by a child. The pin was about two inches long, and had on it a head about the size of a pea. Dr. Caro administered a little laudanum to keep the patient quiet, and in two days it passed the anus.

Dr. J. C. Peters said that he had a similar case some years ago, and gave the patient mush; in four days it passed the pin by the rectum.

Periostitis.

Dr. Blake presented several specimens of bone showing periostitis. One of them was a dissecting room specimen. He was of opinion that the most common cause of periostitis was exposure to cold, which stopped the sweating in the limb. He cited different cases of this occurrence which resulted in periostitis.

EDITORIAL DEPARTMENT.

PERISCOPE.

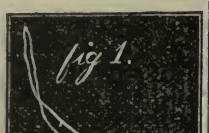
Graphic Representations of the Movements of the Chest-wall in Respiration.

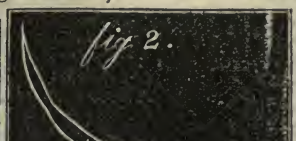
Dr. Arthur Ransome, of Manchester, writes to the *British Medical Journal*, describing an instrument used for this purpose, and capable of giving valuable diagnostic aid. He says:—

A stethograph has been constructed which gives an accurate tracing of the course described by any point on the chest-wall. in the forward and upward directions, *i.e.*, in the vertical plane at right angles to the surface of the chest. With this instrument, many tracings have been made, both in health and disease. The following, chiefly from the anterior ends of the third ribs, are selected as specimens of the results obtained,

and to illustrate the conclusions drawn from them. It has been observed:—

1. That the anterior end of the rib takes a different course in its ascent from that in its expiratory descent (Figs. 1 and 2).





2. That in most cases the uppermost line is that of inspiration.

3. That this course is liable to variation in consequence of the action of the will (Figs. 3 and 4).

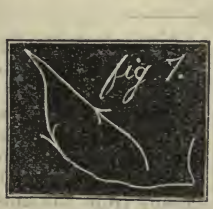
4. That in the action of coughing, after the inspiratory stroke, there is a slight forward bulging of the rib, perhaps from the compression of the air in the lungs by the action of the diaphragm, then a downward fall for a space of about 0.2 inch, and afterwards an almost horizontal in-drawing of the rib (Fig. 6), quite unlike anything that could be produced by the simple angular movement of the rib.

5. That in *sneezing*, the course of the rib is similar to that taken in the act of coughing, except that there is no forward bulging at the commencement of expiration (Fig. 7); and in the latter part of its course the rib only drops about 0.15 inch for 0.8 inch of in-drawing.

6. That in the dead subject, the movement of the end of the ribs, when simply raised and depressed (Fig. 5), approximates to a segment of a circle.

7. That as age advances, there is an approach

to the form of curve traced by the unyielding rib, and the upward and downward strokes are more nearly alike.



From the above facts, it follows that the horizontal in-drawing of the rib, in the spasmodic actions of coughing and sneezing, is impossible without an inbending of the rib itself, and that the variations in healthy breathing are chiefly to be ascribed to the influence of the muscles of forced expiration, which produce more or less bending of the rib during their action.

In disease, a comparative feebleness of the respiratory track is to be noticed; and the want of elasticity of the chest is evidenced by the tendency to similarity in the upward and downward course of the ribs.

In acute phthisis there is a degree of tremulousness in the tracings, and in pleurisy is seen the effect of adhesions in the very small extent of forward push on the affected side.

The tracing of the cough of phthisis is, however, similar in its form to that of the healthy chest (Fig. 5), though much smaller and more feeble.

The Arrest of Hemorrhage by Flexion.

At a meeting of the Berlin Medical Society, January 9, quoted in the *Medical Times and Gazette*, London, Dr. Aldemann read a paper on "Protracted Flexion as a Means of Arresting Arterial Hemorrhage." He stated that after the account of the success obtained in England and Ireland in the treatment of aneurism of the limbs by flexion, he had taken great pains in ascertaining how far advantage would result in the employment of the same means in the treatment of bleeding from wounded arteries. The results of his investigations made in the Dorpat Surgical Clinic were published in Langenbeck's *Archiv*, in 1869. Up to the present time he has cognizance of nineteen cases so treated, eleven being cases of his own, and the others occurring in the practice of other surgeons, most of them his own former pupils. In one of these no result was obtained, as the patient could not support the flexion, but in all the rest recovery took place. The wounds implicated the ulnar, the radial, the interosseous arteries, the palmar arch, the dorsalis pedis, the plantar, and the tibialis postica. The duration of the flexion varied much in different cases; this being continued in one case to the eighteenth day without the patient suffering any considerable uneasiness. It is useful, when readjusting the apparatus, to change the angle by one or two degrees. The case reported by Von Burow, of gangrene of the hand following this procedure, says nothing against it, inasmuch that direct pressure was also employed. In none of Dr. Adelmann's cases has he met with even a trace of any such occurrence. In answer to a question whether this long-continued flexion did not cause inconvenience by reason of the venous stasis it gave rise to, Dr. Adelmann replied that frequently there were all the signs of an obstructed circulation, but according to his experience, after about twenty-four hours the compensatory circulation became established. To another question as to the duration of the flexion, he replied that we must, in determining this, proceed

very cautiously, and not discontinue flexion until granulations have formed; yet he has been able to discontinue it after the third day without any hemorrhage occurring. He also observed that as physiology has not determined what are the changes which take place in the circulation in consequence of this angularization of the vessels, forced flexion can only at present be employed as an empirical remedy. He hopes that before long experimental investigations will be undertaken on animals, in order that we may be able to establish the practice of flexion in man upon a scientific basis.

Hysterical Heart Symptoms.

The *Journal de Medecine*, February, 1874, has an interesting article on hysterical cardiodynia, which is translated in the *Medical Press and Circular*:—

In practice these phenomena are ill understood, and still it is indispensable to know them well, for it is not rare to see patients considered to be suffering from heart-disease, and undergoing unseasonable treatment, while all that was needed was the ordinary treatment for hysterical symptoms.

Physicians are called in by patients who think they have heart disease because they have violent palpitations and pain in the heart. A woman, aged 40, still menstruating, came to consult M. Peter, saying she suffered from heart disease, but it was impossible to discover any physical sign of it. Under the influence of emotions she experienced very painful and violent palpitations; at night, when in bed and going to sleep, it seemed to her that her heart stopped and she was going to die. These attacks were accompanied by paleness and coldness of the extremities. It was in some sort an attack of angina pectoris, without the pain radiating down the arm.

An examination having shown that in this case no material lesion existed, M. Peter concluded that the cardiac disturbance was hysterical.

Among patients of the same class some suffer most at the base of the heart, others in its totality, but they refer the greatest intensity of pain to the point of this viscus. Those latter feel their heart augmented in volume and heavy, they feel its contractions painful; it is the muscle of the heart itself that suffers.

Pressure on the thorax in front is painful, but it is not so with any median or posterior point of the thorax, which distinguishes this pain from intercostal neuralgia. If pain is provoked by pressure in the second intercostal space and a little in the third, it is cardiac pain. The simplest remedies succeeded with those terrible attacks of the preceding case. A very hot stupe or a little ether with a small quantity of laurel water added to it sufficed to bring about calm, followed by sleep.

Another woman, aged 28, suffering from her stomach, gastralgia, distention of the stomach after meals, feels her heart bigger than it ought to be, and experiences painful palpitations. She suffers from pressure upon the epigastric region and in the intercostal spaces.

This distention of the stomach is evidently due to paralysis of its muscular coat, allowing it to be dilated with air. This woman has had hoarseness without cough, coming on suddenly. This state lasted seven or eight days. The same thing then happened to the vocal cords that had happened to the stomach and the heart. This subject had never had pronounced attacks of hysteria, but she had had the globus hystericus.

These cardiac troubles accord well with the theoretical explanation, since the heart is innervated by the great sympathetic and the pneumogastric nerves, which latter serve to regulate it. Admitting derangements in the functions of the latter, one can conceive the disturbance of the cardiac movements, those profound and alarming modifications of the functions of the heart.

On the Treatment of Rickety Deformities of the Legs by Operation.

Mr. Howard Marsh, F.R.C.S., Assistant Surgeon to St. Bartholomew's Hospital and to the Hospital for Sick Children, gives, in the British *Medical Journal*, an account of four cases of rickety deformity of the legs which he had treated by operation. In two of them the curvature was outward, in one outward and forward, and in one almost directly forward.

In the first three cases a tendon knife was passed down to the tibia, where the concavity of the curve was greatest, and the periosteum was divided transversely. A fine saw was next introduced, and the bone partially divided, and then, by a somewhat suddenly-applied force, snapped across; the fibula was either bent or broken, and in one of the operations the tendo-Achillis was cut.

In the two cases in which the curvature was outward the legs are now straight; in the boy whose curvature was outward and forward, and in whom the treatment was interrupted by an attack of scarlet fever, the deformity, although much diminished, is not wholly removed. In none of the patients was the operation followed by any serious symptom, and, except in the boy who had scarlet fever, convalescence was complete in about a month. In him it was complete in about six weeks.

In the fourth case, in which the bones of the legs were curved almost directly forward, and in which the deformity was so extreme that the boy could only walk a few steps at a time, a wedge of bone was taken out of the tibia with a chain saw, the tendo-Achillis was cut, and the fibula broken in one leg and cut with bone forceps in the other. These operations, which were performed, the one on April 8th, the other on October 4th, 1873, were not followed by any dangerous symptoms, but small discs of bone became necrosed and were slowly separated from the cut ends of the tibia. Union was firm

in one leg in three months; in the other, in which it was much delayed by the tedious separation of the necrosed portions of bone, in six months. The legs are now straight, and the boy walks without impediment.

The Treatment of Syphilis.

The following very practical and sensible remarks of Dr. J. Hutchinson, of London, in the *British Medical Journal*, merit careful reading.

"The antidotal power of mercury in syphilis is in no degree of relationship to its full physiological influence; and the best cures are often those made most quietly. Now, these principles being kept in view, I do not know that there is much to be added as to detail. Begin early; continue long; do not salivate; such would be my rules. I have no strong preference for one kind of mercurial preparation over another; but, as it is convenient to become familiar with one, I have in my own practice, of late years, almost restricted myself to grey powder. I prescribe it usually in pill, in doses of from one to three grains three times a day, and often in combination with Dover's powder. It is only seldom that an unlooked-for salivation occurs, and it is equally rare to have any trouble with the bowels. Most of my patients continue throughout at their ordinary occupations. A strong reason for preferring to give pills, instead of using inunction or the bath, is, that it is often essential to avoid confinement to the house, and also to run no risk of attracting the attention of the family. Inunction, which is still in general use over the continent, and is without rival at Aix-la-Chapelle, is a more or less dirty method; can scarcely be concealed from servants; and further, with our English ointment, is very prone to irritate the skin and bring out eczema. As I do not believe that it has any real advantages to compensate for these drawbacks, I never resort to it. The vapor-bath, as proposed by Langston Parker and modified by Mr. Lee, I have the fullest faith in, and have seen excellent results from it in certain intractable cases. It is, however, troublesome, more or less expensive, cannot well be used secretly, and, for all ordinary purposes, it is not in the least necessary. The grey powder does all that could possibly be wished. I must add to this, that I am always particular to use mercury sedulously to the local manifestations of the disease. The chancre is to be soaked with black wash; and to the skin-eruption an ointment of the ammoniochloride is almost always applied. If the throat become sore, a gargle of black wash or of the bichloride is usually prescribed.

"With regard to the dose, it ought to be sufficient to produce decided effect on the disease. If it be given for an indurated chancre, the hardness ought to begin to diminish within a week. The quantity required in order to effect this will be found, as every one knows, to vary very much in different individuals. A few patients will be met with who appear to resist mercury in a most extraordinary manner, in whom it neither destroys the syphilis nor affects the constitution. As a rough rule, I always expect to have to give more mercury to dark complexioned patients than to others.

"The correspondent asks 'if some preparations are more adapted to certain stages of the disease, say primary or secondary.' In reply, I do not know of any special adaptation of this kind, but find the one I have mentioned the most convenient in all. The bichloride, which at one time I used to give largely in the later forms of secondary disease, I now rarely prescribe, having become more and more convinced that it is the mercury which is wanted, and not any special preparation of it; and that what is to be aimed at is mainly to choose that form least likely to irritate."

Amyl Nitrite and its Uses.

The following views of a German writer, Dr. Robert Pick, are given in the *Practitioner*:—

1. Amyl nitrite produces a general torpidity of the whole muscular system, but it especially affects the organic muscular fibres. 2. The latter effect is especially to be recognized in the muscular fibres in the blood-vessels. A few drops of the amyl suffice to produce a rapid and inevitable dilatation of the vessels, more particularly of the upper parts of the body, with a simultaneous lowering of arterial pressure and hurrying of the heart's action. 3. This influence probably depends on a direct action upon the unstriped muscular fibres in the vessels. 4. In consequence of this action of amyl nitrite, it becomes a valuable remedy at once for all those diseases which depend on a spasmodic or excessive contraction of the vessels; and also, perhaps, which are produced by spasm of other muscular tissues, whether smooth or striped; especially also for many cases of hemicrania, angina pectoris, epilepsy, eclampsia, asthma, trismus and tetanus, and the like, in which it is, however, to be remarked that in many cases amyl only acts as a palliative.

The best mode of use is inhalation. A few drops are poured on a towel, or, as others recommend, on blotting paper or wool, and placed over the nose and mouth. There are other modes of application besides inhalation: use by the stomach, and by subcutaneous injection; but the latter would seem from some observations to be less effective than inhalation, which is therefore to be preferred. Moreover, in this way we avoid upsetting the digestion. If given by the stomach, two to five drops must be administered on sugar. In inhalation we commence with one or two drops, and gradually increase to five, ten, or fifteen drops for a dose. The latter quantity is necessary after prolonged use, as in all probability amyl, like the narcotics, very easily sets up a habit of tolerance. The necessity, in epilepsy, *e. g.*, of having the remedy close at hand, yet without allowing a great quantity to be thrown upon the respiratory organs, gives to the following procedure, employed

by Dr. Strassburg, a practical recommendation:—

"Dry charpie is placed in a glass, and the proper dose is dropped upon it; the vessel is then closed by a stopper made absolutely air-tight by means of paraffin. The patient, when he feels any warnings of an attack, can rapidly open the glass and inhale the measured quantity without danger. It is, of course, to be understood that in that way of using it the remedy must be often renewed, owing to its great volatility and liability to decomposition."

Reviews and Book Notices.

BOOK NOTICES.

Pretty Mrs. Gaston, and Other Stories. By John Esten Cooke. Illustrated. New York, Orange Judd & Co. For sale by J. B. Lippincott. Price $1.25.

A rather pretty story of American life, with a heroine who engages herself in the most liberal manner.

No Sex in Education; or an Equal Chance for both Boys and Girls. By Mrs. E. B. Duffey. Philadelphia, J. M. Stoddard & Co. Price $1.25..

One of the many replies to Dr. Clarke's "Sex in Education." It is prettily printed on tinted paper, and will be read with pleasure by those interested in this discussion.

Annual Report of the Supervising Surgeon of the Marine Hospital Service of the United States (John M. Woodworth, m. d.). For the Fiscal year, 1873. Washington, 1874. pp. 155.

The United States Marine Hospital Service was organized by Act of Congress, as far back as 1798, for the purpose of furnishing temporary relief to sick and disabled seamen. A small tax is levied on each seaman to sustain the hospitals and furnish the medicines requisite. The volume of *Regulations*, published last year, may be said to have first placed the department on a proper footing, with regard to the economical distribution of the funds, and an efficient administration of the plans of relief. The credit for this is due to Dr. John M. Woodworth, the Supervising Surgeon, more than to any other person, and the contents of the volume above mentioned bear strong testimony, not only to the enlightened interest he has taken in his official duties, but also to the energy of the subordinate officers of the service.

In the Appendix to the volume are embraced many suggestive papers, one by Dr. Woodworth, on Hospital Construction; by Dr. J. M. Toner, on Yellow Fever in the United States; a series of Reports on the same disease in the United States in 1873; on Urethral Strictures, by Dr. Ellinwood; a case of Double Diaphragmatic Hernia, by Dr. Thos. T. Minor; the Condition of the Sailor at the port of New York, by Dr. Heber Smith; and an article on the River Boatmen of the Lower Mississippi, by Dr. Orasmus Smith.

Dictionary of Elevations, and Climatic Register of the United States; containing, in Addition to Elevations, the Latitude, Mean Annual Temperature, and the Total Annual Rain Fall of Many Localities; with a Brief Introduction on the Orographic and other Physical Peculiarities of North America. By J. M. Toner, m. d. New York, D. Van Nostrand, 23 Murray street, 1874. 1 vol., 8vo, pp. 93. Price, paper $3.00, cloth $3.75.

The value of this contribution to medical physical geography is very great, and it deserves a close study by all who would familiarize themselves with the surface features of our land, and the bearing these have upon the health and longevity of the inhabitants.

The introduction rehearses a series of facts illustrating the intimate relationship which the hypsometric disposition of a region bears to the social, hygienic, and religious development of its inhabitants. This theme is a seductive one, and the tendency nowadays is to attach too much influence to the physical surroundings of men, too little to their native intellectual power. It cannot be said, however, that Dr. Toner has fallen into this error, so conspicuously exemplified in the works of Dr. Draper.

This introduction contains a number of useful tables, one giving the mean altitude of each State and territory; another showing the percentage of deaths from consumption in each; another exhibiting the average elevation of the principal cities of our country, etc.

In the dictionary the names of a large number of cities, towns, stations, etc., are arranged alphabetically, and to each is added its elevation, latitude and longitude, temperature and rain fall, derived from government and corporation surveys.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 11, 1874.

D. G. BRINTON, M. D., Editor.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editor disclaim all responsibility for statements made over the names of correspondents.

NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

THE PROPOSED STATE BOARD OF HEALTH.

It is high time that this and every other State which has as yet no Board of Health should pass the necessary enactments to create one. The propriety of such a step has been recognized by Massachusetts, New York, Virginia, California, Minnesota, and Michigan, and the Boards, especially of Massachusetts and Michigan, have done model work, which has had excellent results in and beyond this Commonwealth.

There is at present a bill to form such a Board in this State under consideration by the Legislature at Harrisburg. This bill is founded upon the experience of other States; it provides for the appointment of five physicians to be Sanitary Commissioners, who, together with the Attorney General and the Secretary of Internal Affairs, shall constitute a State Board of Health; the only paid officer is to be a secretary, who is also to be a physician; the existing Boards of Health throughout the State are to report, and all public institutions shall give full information relative to health and life, while the State Board shall advise in regard to sanitary drainage and the location, drainage, ventilation and sanitary provisions of public buildings; State and local Boards are to coöperate to prevent disease by securing practical and scientific investigations and examinations by experts, for which purpose all public buildings are to be open for their examination.

The State Board is to prepare the requisite legislation for the thorough organization of a registration of vital statistics throughout the State, and to preserve them for public use, to make annual reports, and to hold quarterly meetings. The appropriations for expenses are limited by this act to eight thousand dollars, to be paid only on proper official vouchers. The machinery to be set in operation is, therefore, simple and inexpensive, and it must, of course, depend for its successful working upon the character of the men appointed, in case the proposed act becomes a law, to carry out its pro-

visions. Sanitary science now enters largely into the training of medical schools, and it can best be practically applied by the doctors, whose business is to fight the ignorance or indifference of public and private authorities. The profession ought to lend their voice to secure the passage of a law which will give them power to prevent disease.

It is a pleasure to add that they are doing so.

The following resolutions were adopted unanimously by the Philadelphia County Medical Society, and a committee, consisting of Drs. Wm. B. Atkinson, M. O'Hara, and L. Turnbull, was appointed to confer with the County Societies of the State, and ask their coöperation:—

Whereas, The State of Pennsylvania has never taken cognizance of public hygiene, or preventive medicine, nor has ever had any registration of the births, marriages and deaths occurring in the State; and

Whereas, Other States have inaugurated such measures for the investigation of epidemics, and the effects of disease upon the health, happiness, and prosperity of their people; and

Whereas, The numerous epidemics which have recently occurred in our midst, devastating our population, prove to us the urgent necessity of our State taking action in this matter; therefore, be it

Resolved, That this Society does most earnestly urge upon the members of our State Legislature to take measures for the passage of an Act creating a State Board of Health.

This is a hearty and earnest endorsement of a most excellent project. But to render the bill effective, everything depends on the selection of an efficient Board, especially a chairman and secretary. Too prominent men are not the ones to select, because they are too busy; and, beyond all things, let political favoritism be avoided, the curse, as it is, of this State. No green hand at State medicine should be chosen, but one who knows the theory of statistics already. Nothing is easier than to ride hobbies in such matters.

Whether the Bill when passed will be really beneficial to the State, depends on those entrusted to carry out its provisions.

Notes and Comments.

Therapeutical Notes.

STYRAX IN ITCH.

In the Catharine Hospital, in Stuttgard, they treat scabies with the following ointment:—

℞. Styracis,		℥j.	
Olei olivæ.			
Spir. vin. com.	āā	℥j.	M

The patient, if an old case, is first washed thoroughly with soft soap, having it well rubbed in, nine to twelve times in three days, and then anointed with the above one to three times in one day. In recent cases the soft soap treatment is not required. In 1659 cases thus treated in three years, every one was cured, and although no precautions were taken to destroy the insects on their clothing, *not one relapse occurred.*

TRAUMATIC TETANUS.

Dr. Panthel, of Ems, reports a case of a lad, seventeen years old, attacked with traumatic tetanus, and cured by administration of scruple doses of chloral every two hours, alternated with equal doses of bromide of potash every two hours, till sleep was produced. Reported in the *Deutsche Klinik*, No. 3, 1874.

SYPHILITIC ULCERS.

For soft syphilitic ulcers and similar skin affections, Dr. Gamberini finds iodoform, two drachms, to glycerine, one ounce, a most excellent application.

TREATMENT OF MAD DOG BITES.

The editor of the Berlin *Medicinische Central Zeitung* recommends that whenever a person is bitten by a dog suspected to be mad, the wound be at once thoroughly cauterized with a strong solution of carbolic acid in alcohol, concentrated muriatic acid, or caustic potash. And he recommends that some such preparation be placed in the hands of farmers and others, with proper directions when and how to use it.

New Treatment of Cancer.

Another treatmet of cancer has been brought out by Dr. Hasse, of Berlin. An account of it is given in the *Medicinische Central Zeitung*, February 18. Dr. Hasse injects, with a hypodermic syringe, pure alcohol, to which one per cent. of ether is added, not into the new growth, but around its edges, thus obliterating, he claims, the vessels, especially lymphatics, which convey the infection, and causing the atrophy of the

growth itself. The pain is rather severe, but is much reduced by ice bags, and lasts only about two hours. The injections are repeated every eight to fourteen days, and have no alarming reactions. He claims striking success in carcinoma of the mamma, and in cauliflower excrescence of the uterus, but has failed in epithelioma of the lip, which he attributes to the impossibility of obliterating by this means the large and closely adjacent coronary artery.

On Nervous Pharyngitis.

This is what is popularly known as "clergyman's sore throat." It is not an imaginary, but a real disease, and is not confined to clergymen, but is nevertheless a disease of the higher classes, the more delicately organized frames, and hence especially of citizens and females. Dr. Hermann Klemm, of Leipzig, has made an admirable study of it in the *Deutsche Klinik*, No. 6, 1874. After a masterly portraiture of its symptoms, and a recognition that it often really exists where none or very few and trifling local signs are manifest, he passes to the treatment. Here he discountenances decidedly all caustic applications and counter-irritants, and recommends penciling with chloroform and glycerine mixture, or morphia in gum arabic solution. Electricity occasionally works well, but is not permanent in results. Best of all is *change of air*, either to the sea, or to a sub-Alpine resort (two thousand to three thousand feet above sea level, as Heiden, Gais, Weissbad or Seewis, in Switzerland). The only advantage of mineral waters in this complaint, he thinks, rests in this change of air.

Other Medical Epitaphs.

The *American Bibliopolist*, quite apropos of a recent editorial in this journal, gives us the epitaph of Lionel Lockyer, a celebrated leech in the days of Charles II.

> "His virtues and his pills are so well known
> That envy can't confine them under stone;
> But they'll survive his dust, and not expire
> Till all things else, at th' universal fire."

The pills certainly had something more of immortality than many poets' lays, for they were still to be had, a century afterwards, at Mr. Nicoll the bookseller's shop, in St. Paul's Churchyard, and they may probably yet be "kept in stock" somewhere in that locality.

It also quotes an epigram on the celebrated Berkeley, Bishop of Cloyne, now best remembered for the line "Westward the Star of Empire takes its way," one of whose fancies was to heal all disease with tar water:—

> "Who dare deride what pious Cloyne has done?
> The Church shall rise and vindicate her son;
> She tells us all her Bishops shepherds are,
> And shepherds heal their rotten sheep with tar."

A correspondent from Syracuse, New York, sends us the following, which he says is over the grave of a physician in that locality. It must have been written by some patient whom he had overcharged:—

> "Altho' he is dead, he will soon be forgot,
> His friends and relations remember him not;
> Their sighs and their tears they will soon wipe away,
> Oh! it's here he lies a mouldering and a turning to clay!"

A Correction.

The article entitled, "Small-pox and Vaccination; Experiences in the Franco-Prussian War," published in the Reporter, March 28th, was, by a mistake of ours, credited to Dr. Martin Luther. Its author was Dr. S. C. Ermentrout, of Reading, who served during the whole of the war in the Prussian army, and has since been awarded for his services the gold cross of the Order of the Crown and the "Dienst" medal. The paper was read before the Pathological Society of Berks county, and forwarded to us by Dr. Martin Luther, of the Committee on Publication, who has advised us of the error we made in attributing it to him.

Winter Climates in Consumption.

The views of Dr. Biefel on this fruitful topic are given in the *Medicinische Central Zeitung*. He divides winter climates into, 1. the warm, moist and sedative, such as Madeira, Pau, Venice, Pisa, Corsica, and we may add Florida and the Bahamas; 2. warm, dry, and exciting, as Cairo, Palermo, and the Riviera; 3. indifferent or medium, with a short mild winter, as on the Swiss Lakes, Aikin South Carolina, etc.; and 4. dry, cool climates, as in Alpine and sub-Alpine regions, the Colorado plains, etc.

Active advancing tuberculosis, he says, benefit only in sedative, moist, warm climates; chronic and stationary cases should seek the dry, cool, exciting atmosphere. Careful discrimination must be made. Good food, lodging and attendance are indispensable anywhere. Many patients do better to stay at home, in their rooms, but a patient should always have two rooms, the

one of which should be always open and airing while the other is occupied.

How to Check Coughs.

Dr. Brown-Sequard, in his late Boston Lectures, says that there are many facts which show that morbid phenomena of respiration can always be stopped by the influence of arrest. Coughing, for instance, can be stopped by pressing on the nerves of the lip in the neighborhood of the nose. A pressure there may prevent a cough when it is beginning. Sneezing may be stopped by the same mechanism. Pressing in the neighborhood of the ear, right in front of the ear, may stop coughing. It is also preventive of hiccough, but much less so than of sneezing or coughing. Pressing very hard on the top of the mouth inside is also a means of stopping coughing. And, he adds, that the will has immense power there. There was a French nurse who used to say, "The first patient who coughs here will be deprived of his food to-day." It was exceedingly rare that a patient coughed then.

The Champion Chloroform Tippler.

Dr. W. W. Parker related, at the last meeting of the Virginia State Medical Society, the case of a man named Johnson, a blacksmith, who became addicted to chloroform tippling. How much in quantity he swallowed is not stated, but he bought and drank three thousand dollars' worth in three years! His mind then became affected and he imagined himself tricked. Meanwhile he fattened fifty pounds, and on ceasing the habit lived fifteen years in good health, and died from natural causes.

Improved Dietetics.

Mr. J. S. Blackie, Professor of Greek in the University of Edinburgh, has written a work for students, on self-culture, diet as well as digging, and on the former topic says:—

"With regard to the details of this matter, you must consult the doctor; but I believe it is universally agreed that the plainest food is often the best; and for the highest cerebral and sanguineous purposes, long experience has proved that there is nothing better than oatmeal and good pottage. For, as the poet says—

> 'Buirdly chiels and clever hizzies
> Are bred in sic a way as this is.'"

This is old style doctrine; good, rich food, and plenty of it, a little more than you really want, is what the enlightened dietitian will recommend to the growing lad and ardent brain-worker.

External Treatment of Varicose Veins.

If Dr. Linon, of Verviers, is right in his reports of his treatment of varicose veins, many who suffer from them will thank him for his discovery, as it saves them the pain and danger of an operation. He says, in the *Tribune Medicale*, that he has for years treated such cases with success by swathing the leg in a flannel compress wet with a solution of chloride of iron in water, forty-five grains to the ounce, and then applying a roller flannel bandage over it firmly for twenty-four hours. This is to be repeated daily for a week or two weeks, when the patient is, or ought to be, well.

Ergotin Injections in Prolapsus Ani.

The eminent surgeon, Von Langenbeck, of Berlin, announces that he has lately been treating prolapsus ani "with astonishing success" by hypodermic injections of a solution of ergotin (five to fifteen parts to one hundred of distilled water). He replaces the bowel, and inserting the point of the syringe about three centimetres in depth in the cellular tissue, throws in from one to two grains of ergotin. This should be repeated every three or four days for three or four weeks, any hard fecal masses in the bowels being first removed by a simple injection. As a means of treating a most obstinate and troublesome complaint, this method, sanctioned by so eminent a name, deserves careful repetition.

Hooping Cough.

Dr. Stephens, of Ilminster, gives his experience with various remedies in this disease, in the British *Medical Journal*, as follows:—

I must give the preference, in an ordinary case, to small doses of compound tincture of benzoin, frequently repeated. If the cough be more than usually spasmodic, I find dilute hydrocyanic acid, combined with bromide of potassium and camphor mixture, very serviceable; in the latter stage of the disease I much prefer alum, combined with dilute nitric acid and gentian, to any other astringent tonic; although in all cases everything depends upon the diathesis of the patient. I was greatly disappointed in the use of chlorol hydrate, as in one case only could I detect the slightest benefit.

To Check Vomiting from Cough.

Consumptives and others suffering from paroxysms of cough frequently vomit their food in such paroxysms. Dr. Woilliéz recommends swabbing the pharynx before eating with a concentrated solution of bromide of potash.

℞. Pot brom., ʒij
Aquæ destil., ʒiv.

warning the patient not to cough for a few minutes after the application. The same treatment is recommended for the vomiting of pregnancy. It is said to be very successful.

Correspondence.

Jews and Christians.

Ed. Med. and Surg. Reporter:—

Do Jews ever have the consumption? I was thus interrogated by a Hebrew friend of mine, while in a conversation with him upon the peculiar diseases of different nations. Upon reflection I could not bring to my memory a single case that simulated phthisis in any of its symptoms. Only one Jew ever applied to me for advice who labored under the impression that he had it. And he proved to be a mere hypochondriac. His case yielded readily to an alterative course of pill hydrarg., tinct. nucis vomicæ and ferri citras. It was nothing but hepatic torpor. Although I had been so fortunate as to gain extensive practice and popularity amongst them for many consecutive years, I had never thought of their remarkable national exemption from disease in this respect. After much thought, and mature deliberate investigation, I have come to the conclusion that they enjoy a wonderful national immunity from, not only phthisis, but all disease of the thoracic viscera. It may be said by some, it is a temperate Louisiana climate protects them. It is not that, for amongst all other Europeans, Africans and Americans, phthisis, pneumonia, and all diseases of the air passages are as prevalent, or nearly so, as in the North. Those from a Northern climate are benefited only when the disease is in its incipiency, and when further advanced but seemingly relieved for a short time, and often at once prostrated. They might get as much relief by any other change further North or West. It is simply change that gives relief, and that only temporary.

The Israelite is not subjected to all the trouble and expense necessary to consumptive Christians to enable him to obtain a brief extension of a miserable existence by visiting far distant countries of diverse and different climates, to obtain only partial and present relief. His constitution has become so hardened and fortified against disease by centuries of national calamities, by the dietetics, regimen and sanitas of his religion, continuing for consecutive years of so many ages, that he can look on, with only the common sentiments of humanity, as an unconcerned sympathizer, without any fear of the insidious approach of one of the most common diseases of all other nations, the most unrelenting in its course and fatal in its results.

With the view of as thorough an examination of this subject as lay within my reach, I have not confined myself to the limited range of inquiries of personal acquaintances, but opened a correspondence with some of the most learned and distinguished Jews of the United States. From all quarters comes the same reply; *not that Jews never have consumption*, but that "the disease is very rare among them."

Rev. Dr. Isaac M. Wise, Editor of the *Israelite*, Cincinnati, O., a profound scholar, acute and extended observer, very politely replied to my note of inquiry, that "the cases are rare among them," and then advances this hypothesis in explanation, "Because they drink not to excess and few fathers are sick of" * * * This is undoubtedly an erroneous and fallacious view of the subject. The organic structural lesions caused by alcohol are Bright's disease of the kidney, and hob-nail liver: never tubercular deposit and development. In fact, a very respectable portion of the profession holds that it postpones a fatal result, and is a very good palliative in Consumption.

And syphilis is a specific disease, *sui generis*, a contagious poison or virus, that transmits itself by contact, and from parents to children, reproducing with invariable exactness the same type of disease: not mixing up with or causing any other disease, especially Consumption. These diseases are not of the same kindred, and have not the remotest pathological analogy whatever.

Their comparative exemption from this disease may afford some explanation to the table of vital statistics published in your "Half Yearly Compendium," of January, 1874, showing the relative longevity of Jews and Christians. This table is made up from observations in the great centres of civilization, Germany and France, and analogous results from like statistical observations in London have been obtained.

This table reveals the following astonishing fact: In the first five years of life, of one hundred children of Jews twelve die. Of one hundred children of Christians, twenty-four die. Among one hundred Christians thirty-eight attain to fifty years, and fifty-four among Jews. Thirteen Christians attain to seventy years, while twenty-seven Jews attain the same age. One quarter of Christians attain only six years and eleven months. One quarter of all Jews, twenty-eight years and three months.

Dr. Neufville explains these differences by the following circumstances: "There are no proletaries among the Jews, while one-tenth of the Christians live on public charity." Most Jews are in commerce or letters, very few are laborers.

There is force in the first explanation. But it shows also the superior excellence of Jewish regulations, and moral structure of society, that takes religious care of its own, and leaves none

for charity. The last explanation is answered and refuted in the above tables. "Among one hundred commercials, the one-half of the Christians succumb before fifty-seven years; one-half of Jews before sixty-seven, only."

Why this greater relative longevity, this immunity from disease and tenacity of life among Jews? This singular preëminence in health over Christians? Is it their rigid adherence to articles of faith, and hygienic, sanitary, and dietetic regulations of their religion? Or a miraculous dispensation of God to his chosen, and this very peculiar people?

This subject is well worthy deep research and calm reflection, careful philosophic investigation and inquiry, by the profession, to ascertain the cause, if possible, of this peculiar and wonderful immunity and unsusceptibility to disease of the most common and fatal character in all civilized countries. Its solution may be of incalculable benefit to the human race, by introducing Jewish dietetics and regimen into consumptive families, and thus regenerate and rejuvenate them, thereby giving vigor, health, and happiness, where are naught but disease, misery and death.

If national vigor, superior physical vitality, and tenacity of life are thus developed by religious customs, religious training and practice, it affords explanation of the "high average *physique* of the Jew, which is not less remarkable than the high average of his intellectual gifts."

When we look over their marvelous history; their many hundred years of the most servile bondage and abject slavery in Egypt; their struggle in the wilderness; their Babylonish captivity, slavery, and Persian tribute; their centuries of Roman subjugation, grinding oppression, and final destruction of their sacred city, and their dispersion amongst all other peoples, and lastly, their persecution and thraldom by Christian nations for eighteen hundred years; we are amazed that this long catalogue of national calamities has not crushed out every vestige of nationality, the last spark of their religion, their intellectual culture, moral rectitude, manly impulse and aspiration, and reduced the physical man to hopeless degeneracy, open to the assaults of every form of disease, and subject to all the "ills that life is heir to."

Not so. How different the result? After only about fifty years of political, social, mental, and religious emancipation, they have achieved an enviable prominence in science, literature, finance, political distinction, and governmental position, in all civilized countries. Thus proving themselves of the purest, finest, and most perfect type of the Caucasian race. With a more perfect physical organization than any other people; fortified against, unsusceptible, and almost invulnerable to the most fatal disease, and I might say to a certain extent all disease, the Jew has come out of *the Wilderness*, like a pure diamond, untarnished by age, unscathed by wear, undimmed by time, presenting a problem for the study of the moralist, philosopher and scientist, and a special lesson to the physician, of the grand results of wise and long continued dietetic regimen, especially the rigid abstinence from hog meat, with its measles, trichina, cholera, and many other disgusting diseases. Thus developing and consolidating a physical structure and constitution capable of resisting tubercular deposit in the lungs, and eliminating to some extent the poison of almost any disease.

MADISON MARSH, M. D.

Port Hudson, La, March 1, 1874.

On Blood Remedies, and Their Use With the Hot Springs (Ark.) Water.

ED. MED. AND SURG. REPORTER:—

Inquiries are frequently made of us, by the profession abroad, if medicines are required with the natural earth-heated waters of this place, in the treatment of constitutional or chronic blood diseases? Or do the waters alone cure certain diseases? If blood remedies are required? What do you consider the best blood remedies? Consequently we have resolved to answer some of these questions through the medium of your journal.

In the first place, to be fully understood, we should ask what are blood remedies? In reply to this interrogation, we will state that all medicines that act promptly, or directly, upon the general secretory system, as alteratives, should be considered and called blood remedies. Those agents of the materia medica that arouse the emunctories of the skin, the emulgent offices of the kidneys, awaken the lymphatic system, enliven the follicular mucous surface, stimulate the hœmic glands (all the blood making organs), increase the metamorphosis of waste and repair of the economy, all secernants, belong to this class. All entrophics are also blood remedies. Therapeutics of this class are numerous, and they merit division and proper classification. Such preparations afford too wide a range to particularize here the advantages of each agent, but we will generalize the remedies used in the several diseases noted with the adjunct waters. Chronic diseases require peculiar treatment. The physician must have experience in the management of acute ills before he can fully comprehend the altered phases of chronic disorders. To be successful it requires the advantages of the daily clinic, and a knowledge of sthenic and asthenic forms of disease. In the treatment of what is termed constitutional diseases, it has been our practice, for a number of years, to rely mostly on the nicely prepared vegetable fluid extracts. They are made specially, evaporated in vacuo, with great care, and reduced by concentration to officinal, double and triple strength. The great importance of vegetable extracts has long been fully tested, and we feel that they are not over-estimated in therapy.

SYPHILIS.

In the treatment of this disease the remedies we employ, and most highly value, are the fol-

lowing preparations. We arrange the same alphabetically, viz:—

Fluid Ext.	Aralia Nudicaulis	(Waynes').
do	Arctium Lappa	do
do	Asclepias Incarnata	do
do	Asclepias Syriaca	do
do	Chimaphila Umbellata	do
do	Cistus Canadensis	do
do	Corydalis Formosa	do
do	Dulcamara	do
do	Iris Versicolor	do
do	Phytolacca Decandra	do
do	Podophyllum Peltatum	do
do	Rumex Crispus	do
do	Sanguinaria Canadensis	do
do	Sassafras Laurus Rubra	do
do	Stillingia Sylvatica	do
do	Veronica	do
do	Xanthoxylm Rad. et Bacca	do

The fluid extracts are usually mixed with concentrated syrup of guaiacum, syrup of burdock, syrup of stillingia, syrup of dulcamara, syrup of sassafras, or some other agreeable or desirable vehicle for use, with the iodides of iron, and such other iodides and agents as are indicated in the treatment of the cachectic, anæmic, and spanæmic state of the systems found in syphilis, mercurio syphilis, syphilitic gout, syphilitic rheumatism, and in all mercurial diseases. In the treatment of syphilis we never give corrosive sublimate by the mouth or hypodermically, rarely ever use mercurial fumigations. Never disgust the afflicted by the so-called "smear cure" (the use of mercurial ointment inunctions), or any other such obsolete efforts. If mercurials are absolutely demanded, we prefer the soluble iodides, administered internally and subcutaneously, where prompt agency is required in rupial conditions. We never outrage humanity by practicing the heinous crime of "syphilization." The host of visitors who annually flock hither are usually chronic patients. They come here for repair and cure, as a dernier resort. Unfortunately they have generally been greatly drugged, too long medicated, and they often present conditions of neglect or abuse from their empirical doses. They come here emaciated, defibrinated, dealbumenated, decorpuscullated, and the system broken down by the use and abuse of mercurials and iodide of potassium! In all such spanæmic cases we aim at once to build up and support the system, arouse nutrition and assimilation, and we rely chiefly on hydro-therapy to aid us. Tobacco, alcoholic and vinous drinks, opiates, hydrate of chloral, chloroform, all nervines and narcotics are eschewed, strictly prohibited in all patients under treatment where an eliminative agency is desired. Syphilis cannot be cured, we assert it as an aphorism, if persons who are addicted to such bad habits are allowed to indulge the same during treatment.

We do not hesitate to state that syphilis can be radically cured under judicious management, but that it is worse than folly for the afflicted to come here for treatment, expect us to cleanse the blood, depurate the system, eliminate venereal plastic degeneracy, if we have to antagonize depraved and reckless habits of life.

SCROFULA.

In this kindred malady the waters are used as adjuncts only to our blood remedies. Mercurials are never used by us in the treatment of scrofulosis. We address our agents to the nutritive forces and to the lymphatic system. Employ mostly the vegetable alterative extracts, with iodide of iron and manganese. The preparations used in the treatment of scrofula are the following, viz:—

Fluid Ext.	Aralia Nudicaulis,
do	Arctium Lappa,
do	Asclepias Syriaca,
do	Chimaphila Umbellata,
do	Corydalis Formosa,
do	Rumex Crispus,
do	Stillingia Sylvatica,
do	Veronica.

These concentrated extracts are mixed with some pleasant alterative syrup, and given after each meal. The waters are employed according to requirements, used as a daily bath, and drank at stated periods throughout the day.

MERCURIO-SYPHILIS AND MERCURIAL DISEASES.

At this place we have much to contend with in the management of mercurial ills. Mercurio-syphilis and hydrargyriasis are formidable types of disease. Those who are afflicted with the "disease of the remedy" (mercury), are generally great sufferers! Meteorological conditions readily impress the system; almost every change is signaled by suffering, especially whenever the atmospheric pressure is lessened.

It requires, ofttimes, a nice discriminating sense to detect mercurial abuses. The buccal, labial, cervical and humeral glands, in such cases, give distinctive features. The breath, also, has a marked fetor, and the surface of the body lacks that peculiar odor (what we have termed "aura syphilitica)" which can, by the educated, usually be detected in the impoverished state of the system, in old cases of true syphilis.

It is marvelous to witness how speedily re-salivation, as we term it, will often result after the use of the waters; we have known it to occur after two or three baths, and the internal use of the waters for a few days. Re-salivation is a peculiar circumstance and condition. Glossitis and ulceration of buccal surface is rarely very disturbing, and the affection readily yields to treatment. We contend that this agency plainly manifests the potent action of the waters, where we find, after a lapse of time, that the mineral poison had remained so long comparatively latent, or dormant, that it can be again aroused into specific activity.

Our treatment, blended with hydro therapy (in all forms of mercurial diseases), are the internal administration of the iodide salts, believing in their chemical affinity for the disturbing poison, together with the use of preparations of iron, given with extract of burdock and syrup of guaiacum. We support the system with good

nutritive food (albumen and fibrin articles of diet), in this type of toxic ills. Stillingia, yellow dock and aralia, are valuable medicines in the treatment of mercurial diseases.

ARSENICAL POISONING.

This is a condition occasionally met with here. It is an occurrence sometimes the result of accident, but usually, as we can sometimes trace, to a want of circumspection on the part of practitioners in prescribing the preparations of arsenic. The arsenical preparations, unfortunately, are given in toxic instead of therapeutic doses, and, without due vigilance, are persistently too long employed! "Paralysis arsenicalis," hyperæsthesia arsenicalis, (an altered state of innervation involving the distal distribution of the nerves of the extremities), are the forms, together with gastric ills, that we usually have to contend with at the Springs. The patients mostly present a pitiful condition, a degree of helplessness, of physical inaction, but intense suffering from palmar, digital and plantar hyperæsthesia, at every effort to move. The sufferer is truly wretched under the toxic agency of this chemical. Practitioners should ever be guarded in the protracted use of arsenious compounds.

We treat these cases in conjunction with the waters, for their diluent and solvent powers, with the iodides of iron, iodide of magnesia, with vegetable tonics, given for the neutralizing, antidotal properties, and support of the patient. Topically, to the soles of the feet, the palms of the hands, and to the fingers, we direct the application of the solutions of "carbolated glycerin," to allay the morbidly sensitive condition of these surfaces.

CUTANEOUS DISEASES

Are, generally, all of a chronic nature that present here for treatment. They are met by remedies suited to the pathological wants. Those of parasitic origin are treated with the most reliable parasiticides. Patients afflicted with a "dartrous diathesis" or suffering from altered forces of innervation, alkaline impressions are desirable, and the altered electrical phases of the economy are carefully regarded. The maceration of the surface and the internal use of the waters are important agents in the treatment of all skin diseases. "Cleanliness is next to godliness," is regarded as a truism in the cure of cutaneous ills.

RHEUMATISM.

This disease, in its multiform nature, affords us a wide field for skirmishing. We attack the enemy whenever found, in all its varied types. We treat it pathologically with suitable therapeutics and free use of the waters, according to the cause of the disease and its requirements. We defibrinate the system in muscular forms. Neutralize acids with volatile soluble alkalies, and alkaline earths, in lithic, lactic and butyric forms of rheumatism. Iodides, with quinine and fluid extract of corydalis formosa, in malarial rheumatism. Iron preparations are ofttimes called for in conjunction with quinine in the latter type. It is essential where splenic complications exist. Iodide of potassium, iodide of soda, iodide of ammonia, iodide of magnesia (a recent remedy prepared for us by Prof. E. S. Wayne, of Cincinnati, O.), iodide of iron, with fluid extracts of burdock, veronica, asclepias syriaca, phytolacca decandra, mixed with syrup of guaiacum, are the therapeutic agents relied upon in conjunction with the solvent and dilute thermal waters, in syphilitic and in mercurial rheumatism.

In gonorrhœal rheumatism alkaline diuretics largely diluted with hot water, and the daily use (so long as it is allowable) of the hot baths, is the plan of treatment in this anomalous disease. Acetate of potassa, with fluid extract of colchicum root and fluid extract of phytolacca decandra, with the syrup of chimaphila umbellata, is a favorite prescription in this disease. Gouty rheumatism is a hybrid monster! It is quite unmanageable at times, and sometimes provokes great suffering, especially when the joints are involved by effusion. This disease has been advantageously treated by hydro-therapy. The sub-acute and chronic types are the most persistent. When the joints are involved we employ topical treatment, use compound iodide lotions applied two or three times a day, as a deobstruant and local stimulant, and carefully encase the joints with rubber cloth and carded cotton to promote absorption. When gouty rheumatism manifests specific complications, where we find a syphilitic foundation for this complex disturbance, we have to contend with a trimeter of ills that is difficult to control. We would suggest in such cases the same management as we recommend in specific gout, *i.e.*, give iodide of magnesia with iodide of ammonia every three hours, with free catharsis aroused by the daily dose of Husband's magnesia with six drops of fluid extract of colchicum root.

GOUT.

Natural thermal fountains, from the earliest history, have been places of resort for gouty subjects. To control the diathesis and to free the system of the "materies morbi" that provokes this painful malady, the solvent and diluent waters, with the volatile alkalies, carbonates of the alkalies and alkalinic earths, are surely among the best known agents for the treatment of gout. The daily hot bath, with alkaline additions made to it, facilitates the treatment, or aids with more celerity to control the evils of gout.

NEURALGIA.

"When nature is crying aloud for better blood," (as we find in chronic invalids who resort hither for relief in functional neuralgia), it is remarkable how such forms of disease respond to treatment. In malarial types, and where anæmia is the cause, the disease is very amenable when the blood tissue is acted on, built up by ferruginous preparations, and stimulated by the judicious use of the waters.

UTERINE DISEASES.

The waters alone are almost exclusively relied upon in the management of uterine functional disturbances. The stimulating diaphoretic action and revulsive agency of the hot baths are regarded, generally, as alone sufficient for treatment. In anæmic conditions of the system, in amenorrhœa and dysmenorrhœa, remedies are given to aid the forces of nature. In cases of flexion, version, and prolapse of the uterus, our first efforts are to restore the organ to proper position and carefully support it in place previous to treatment by the waters.

GEORGE W. LAWRENCE, M. D.
Hot Springs, Ark.

NEWS AND MISCELLANY.

Temperance and the Doctors.

Dr. Wm. A. Hammond, of New York, was interviewed by a reporter of one of the dailies, and is said to have expressed himself heretically on the temperance question. He remarked, "A laboring man finds that with hard work and such food as he can afford he is losing, say an ounce in weight daily. If he could work fewer hours he could stop this loss. But he must work so many hours daily. He takes a mug of porter after dinner at noon, and finds that after his work he is less fatigued and has gained, or at any rate not lost, in weight. The alcohol has enabled him to expend the usual force with less waste and less weariness."

Dr. Edward Curtis was reported to have expressed pretty much the same opinion; but, perhaps alarmed at possible consequences, he writes to the *Tribune* as follows: "You refer to me as saying that alcohol 'gives actual strength and serves for the repair of wasted tissue.' The latter statement I have nowhere made, for there is no evidence that alcohol furnishes building material, and the probabilities are that it does not."

Condition of Bellevue Hospital.

The sanitary condition of this New York institution has recently excited grave apprehensions. A special committee appointed by the State Charities Aid Association reports very decidedly against the fitness of the building for a hospital. It says: "Bellevue Hospital itself has been virtually condemned as unfit for the treatment of surgical cases by those whose business it is to care for such cases; the hurtful and often fatal influences of hospital poison have forced themselves upon general recognition, and the only structure originally intended to meet this grave emergency has itself become practically useless from the same cause." The result of this is that in amputation cases 48 out of 100 die, "and almost one-half of these deaths are caused by hospital poisons."

This report is backed by such names as Drs. Elisha Harris, C. R. Agnew, Wm. H. Van Buren, Willard Parker, and others. The internal administration of the hospital is further said to be not much better than its architectural fitness for its purpose.

A Centenarian.

An undoubted centenarian died in this city, April 1, in the person of Mrs. Margaret P. Schlosser. She was born in Philadelphia, September 21st, 1774, and married Jacob H. Schlosser, a soldier of the Revolutionary war. She resided in Bustleton for a number of years, and was highly esteemed by a large circle of acquaintances, who took great pleasure in hearing her graphic descriptions of life and the fashions which prevailed nearly one hundred years ago. She preserved her full faculties up to within a few days of her death, with the exception of her eyesight, which she lost several months ago.

Death of Dr. Alfred Hitchcock.

Dr. Alfred Hitchcock, the oldest physician in Fitchburg, Mass., died March 30th, of angina pectoris, with which he was attacked a few days before. Dr. Hitchcock was one of the committee present at the autopsy of Charles Sumner, and it is a singular coincidence that, but little more than two weeks later, he should have died of the same disease. Dr. Hitchcock had figured quite extensively in State politics, having been a member of both branches of the Legislature, and for several years was one of the Governor's council.

Female Medical Graduates.

Fourteen young women received diplomas from the New York Free Medical College for Women, on April 2d. The usual commencement exercises were held in Steinway Hall.

Five female doctors graduated at the Women's Medical College of the New York Infirmary on the 2d inst.

Women Practitioners in London.

Mrs. Anderson, a regular female registered practitioner, and the only one in London, applied for admission to the Obstetrical Society of London. After a full debate her application was refused, on the technical ground that the by-laws of the Society do not provide for the nomination of women. It will take long for the barriers to be broken away, *e pur se muove.*

Prof. Carl Rokitansky.

This eminent anatomist lately retired from active service on a pension. He was born in 1804, and married a very talented cantatrice, Marie Weiss. She left the stage after marriage. Of his four sons now living, two are promising physicians, and two professional singers in the Vienna Opera, having inherited their mother's rare gift of voice.

Election at the Jefferson Medical College.

The trustees of this institution met April 7th to fill the Professorship of Anatomy rendered vacant by the resignation of Dr. Joseph Pancoast. After a number of ballots Dr. Wm. H. Pancoast, son of the former incumbent, was elected.

Personal.

—Dr. John Swinburne, of Albany, is to receive $90.000 from the legislature of New York, for expenses incurred while health officer of the port of New York, outside of appropriations.

—Dr. Giles M. Boardman, a well known physician and chemist, died suddenly at the Commercial Hotel, New York, March 30. He was seventy-three years of age, and a native of Middletown, Conn.

—McComb City, Miss., is the latest health resort. It is elevated, dry, well drained, surrounded with "balsamic pine woods," and ice made there only twice this last winter.

—The Illinois Legislature proposes to give Boards of Health, in cities, jurisdiction in relation to nuisances for a distance of five miles beyond city limits.

—The Illinois House of Representatives has concurred in a bill which had passed the Senate, prohibiting the licensing of houses of ill-fame.

QUERIES AND REPLIES.

Bromide of Sodium.

MR. EDITOR.—If any of your correspondents have been using the bromide of sodium extensively in their practice I would be glad to have them publish the results. Having seen but little reference to it in the journals, I fancy the remedy is not in very general use, and, perhaps, not properly appreciated.

I have been giving it considerably of late in cases where formerly I would have prescribed the bromide of ammonium or potassium, and have been better pleased with the results obtained.

In a recent case of acute mania, a combination of the bromide of sodium, with hydrate of chloral, gave sound and quiet sleep. The chloral alone, given previously, was much less effective in its operation. J. T. REEVE, M. D.

Wisconsin.

Earliest Viability.

The following query and reply appears in a late issue of the London *Medical Times and Gazette*:—

B. asks—"What is the earliest date of pregnancy at which a child has been known to be born and live; and what is the least weight of such a viable child?" If "B." refers to vol. i of the *Calcutta Medical Transactions*, 1825, he will find an account by Mr. Baber, of Buxar, of a child born at six months and a half, which at the age of fifty days weighed exactly one pound thirteen ounces, and was fourteen inches long. The longest circumference of the head was ten inches; the shortest, nine inches and one-tenth. The child sucked freely.

German Prescriptions.

MR. EDITOR:—Will you please explain the method of writing prescriptions adopted by German writers. NEOPHYTE.

Reply.—The Germans use the decimal system, the quantity of every article being given in *parts* by *weight*, and in no case by measure of capacity. The metrical system of weights and measures is adopted by law. A prescription before us, used in psoriasis, reads: "Acid carbolic, 20.0; kali caustic, 10.0; aq., 50.0." This is the proportion, and one, ten, or more grammes of it may be ordered.

Penn Medical College.

MR. EDITOR:—Was there ever an institution called the Penn Medical College in Philadelphia, and what was its standing? SUBEX.

Reply.—There was such an institution, and it had no standing at all; was never recognized by the regular profession.

Dr. F. F. S., of Penna.—About the Splint, see REPORTER, current vol., p. 315.

Dr. J. M. S., of Penna.—Dr. Dutcher's Communication was not published in book form; nor was the one of Dr. Agnew to which you refer.

Dr. G. K. F., of Va.—We can buy you a select Medical Library, of about 100 volumes, all recent works, for about 20 per cent. below the regular published rates.

OBITUARY.

DR. F. LŒFFLER.

Dr. Lœffler, Surgeon-General of the Prussian Army, and a copious writer on Gun-shot Wounds and the Prussian Military Service, died Feb. 22d, at Berlin. His work on the *Campaign against Denmark* in 1864, published in 1867, contains many observations of much interest, and has been frequently referred to in the recent Surgical History of the Rebellion. Unfortunately, Dr. Lœffler had been so constantly employed in the active duties of his profession, since the publication mentioned, that he had been unable to complete it as he intended.

Dr. Lœffler, at the time of his death, had just attained his fifty-ninth year. Early in January last he had an attack of perityphlitis, but made so favorable a recovery that he was considered to be convalescent. A few days before his decease he was attacked with pericarditis. His death occurred suddenly, after slight exertion.

MARRIAGES.

HORNER—SHERMAN.—On the 24th ult., at the residence of R. W. Laird, Esq., Wellington street, Toronto, Canada, by the Rev. Dr. Castle, Dr. Frederick Horner, Jr., U. S. N., and Maria Elizabeth, daughter of the late John Sherman, Esq., Ross, Herefordshire, England.

DEATHS.

GALBRAITH.—On March 23d, at Columbus, Ohio, Margaret Alice Galbraith, daughter of Dr. W. Galbraith, aged 16 years, 3 months and 20 days.

THE

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Original Department.

Lecture.

SOME MEDICAL PILGRIMAGES ABROAD.

AN INTRODUCTORY LECTURE TO THE SUMMER COURSE OF JEFFERSON MEDICAL COLLEGE, DELIVERED MARCH 30th, 1874.

BY DR. RALPH M. TOWNSEND.

(Concluded.)

We now leave the great metropolis still further behind, and run fifty miles away, through the fields and woods of Essex, to the green and quiet churchyard of the little parish of Hempstead. Here rests the discoverer of the circulation of the blood. We should rather fancy his monument jutting forth in some busy city, at the intersection of great arteries of travel. It hardly needs the chiseler's art on the modest monument that crowns his grave to tell us of his fame :—

"The circling streams, once thought but pools of blood,
(Whether life's fuel or the body's food)
From dark oblivion Harvey's name shall save."

Pettigrew writes (1849) that Harvey's coffin can still be seen in the vault; and that it is entirely of lead, mummy-like in shape, and has inscribed on the breast, in great letters :—

"Dr. WILLIAM HARVEY,
June 3d, 1657."

Prior to Harvey's time, probably no one branch of the tree of knowledge had ever been so vigorously shaken as this of the circulation. Realdo Colombo, the successor of Vesalius, and Michael Servetus, a Spanish anatomist and theologian, whose life was offered up at the stern altar of Calvinism, both nearly succeeded in extracting this precious kernel of discovery; but they passed away with the burr only half opened, and left the pouting fruit to drop into Harvey's eager hands. Even then he had to battle a quarter of a century before science would open her cautious ranks and let the new discovery in.

The Cathedral of St. Peter, in Gloucester, was originally one of the finest Benedictine abbeys in the British Kingdom. It is remarkable for combining, in itself, the architecture of successive ages, the Norman and Saxon, with some of the finest examples of the different styles of Gothic. But what will make it more attractive to us than all these, is that its nave contains a well cut statue of Jenner, and the grandeur of its interior is softly illumined with colored light falling upon it through a rich memorial window to the same illustrious man. A little way from Gloucester, in the church of the market town of Berkeley, Jenner and his wife, side by side, sleep their long sleep. The tower of the church, which is disjointed from the rest of the building and adjoins the yard of Jenner's former residence, is covered with a rich, green livery of vigorous ivy. Jenner plucked the root from which it sprung from the tomb of Strongbow, at Tintern Abbey.* His fame, like the little scion he planted, now encircles the church's goodly tower.

Jenner, though known chiefly to us by his great discovery, was a hard and industrious worker in the field of natural history. He assisted his preceptor, John Hunter, in many experiments illustrative of the structure and functions of animals. He was also an accurate

* Baron's Life of Jenner.

anatomist and pathologist, and made advanced investigations into the diseases of the lymphatic system. But it was the discovery of vaccination that will forever place Jenner in the front rank of human benefactors. He, to-day, who would bring forth a remedy that would successfully combat the wastes of phthisis, or the ravages of carcinoma, would do more for his race than did Jenner.

Prior to the discovery of vaccination, of all born, one in fourteen died of the small-pox; and inoculation, by spreading the disease, increased this ratio. In the Russian empire small-pox destroyed two millions inhabitants in a single year; and in Thibet, on one occasion, the same dire pestilence made deserted the capital for three years. These data deal simply with the immediate deaths, and say nothing of the results from dread sequelæ.

When we think, therefore, of what Jenner's discovery hath wrought, we cannot but look back to him with that reverence which devout Christians should feel for the labors of the Evangelists.

Newton, grasping and unwinding like a skein the intangible light, and deducing his law of gravitation from the apple's fall; Watt, so handling steam as to make it draw a gossamer thread or rend an oak; Franklin, bringing down the lightning; and Morse, sending it around the earth like a racer; these works, all Godlike, are entwined with the traditions of our youth, but they are entitled to no higher place in the remembrance of mankind than the labors of Jenner among the kine.

Briefly will I give you the history of this great discovery. Jenner, while a student of medicine, heard a country girl say to his rural preceptor, "I cannot take the small-pox, for I have had the cow-pox." To unravel the meaning of that assertion became the labor of Jenner's life. There was no book to enlighten him upon the subject, for the words dropped by the country maid, like some old tale of chivalry, were culled from an unwritten page. But, having kindled the spark of discovery, he did not let it die for want of vigorous fanning. Whether studying in London, riding along the Gloucester lanes, or corresponding with his friends, the subject always remained uppermost in Jenner's mind. He seemed to feel that it was his, in God's good providence, to stand between the living and the dead, and that, through him, one of the gates of death might be closed and a plague be stayed. For over thirty years he labored in finding out, and experimenting upon, the eruptions of many inferior domestic animals, but especially the cow. The latter, he found, was subjected to a variety of spontaneous eruptions on the teats, all of which were capable of communicating sores to the hands of the milkers; and that, whatever sore was thus produced, was called, in the dairy, cow-pox. By analyzing and reducing these eruptions in the cow, he found out, not only the difference between true and spurious cow-pox, but the precise stage at which the true cow-pox pustule afforded its protecting power. Between May and June, 1796, he took matter from the hand of a milk-maid, who had been infected by her master's cows, and inserted it into the arm of a healthy boy. After the vaccination had run its course, small-pox matter, taken from a pustule, was carefully inserted, by several incisions, into the arm of the same boy. No disease followed; and the careful and successful repetitions of the experiment rendered the great discovery complete. All Jenner's trials and troubles were now fairly over. His waters of Marah were henceforth to lose their bitterness, and spring, pure and sparkling, from the rock. He published his immortal discovery in 1798, and dedicated it to a brother member of his profession.

It may interest you to know that the first vaccinations in this country were performed by Dr. Waterhouse, of Boston, upon his own children, in 1799, and that three Presidents of the United States were afterwards associated with him in his labors, viz, John Adams, Thomas Jefferson, and John Quincy Adams.

Nowhere in our pilgrimage should we turn more willing feet than towards that beautiful capital—no less a medical Mecca than a modern Athens—the city of Edinburgh. Around it the history of medicine will ever be closely entwined. Its University was founded in 1582, during the reign of James VI. It was preceded by those of St. Andrew's, 1412; Glasgow, 1454; and King's College, Aberdeen, 1494. As a school of medicine, the University of Edinburgh first rose in repute during the time of the first Monro, about 1720 to 1760.

The present University building was erected in 1789. To stand by the noble Doric columns of its portico, and look into its well-worn court, is as if we stood before one vast monument to the large and brilliant group of Scotch workers in the field of medicine; for nearly all of them,

either as students or teachers, had been connected with this old college. Foremost among them was Sir Andrew Balfour, a student of Harvey, who introduced the dissection of the human body into Scotland, projected the first hospital in Edinburgh, and founded its Botanic Garden and College of Physicians. Of the latter, he was first president. He died in 1694.

James Douglas, the preceptor of William Hunter, was the first, in 1730, to accurately and correctly describe the peritoneum. John Douglas, a celebrated lithotomist, wrote a work on stone, and a treatise on "The Utility of Bark in Mortification."

We might insert here a translation of a curious old epitaph taken from the Houf, or common burial place of Dundee. It bears date of 1662:—

"Here lies good Andrew Archbald, to his art
Chirurgeon; to the poor he did impart
His helpful hand; still minding God, who bids
The Christian throw his bread upon the floods.
He in his art most skillful was, and he
Excelled all others in that mysterie
Of cutting of the stone; for by his skill
He many healed, but never one did kill.
His loving wife, from his own wealth, did raise
This monument and writing to his praise."

But to resume our list of distinguished Scotchmen:—

Patrick Blair was the author of "Miscellaneous Observations in Physic, Anatomy, Surgery and Botanics," and he wrote the first complete work in the English language, on the "Sexes of Plants." He died in 1728.

Charles Alston, botanist, a student of Boerhaave, wrote a learned essay on Opium. The inscription on his tombstone in Greyfriar's Churchyard, Edinburgh, reads:—

"Charles Alston, King's botanist in Scotland; fellow of the Royal College of Physicians, professor of medicine and of botany in the University of Edinburgh, died November 22d, 1760. His merit as one of the distinguished founders of the Medical School at Edinburgh ought never to be forgotten by the city and the College."

Alexander Monro, primus, with an education culled from the flower of European Capitals, under the guidance of Cheselden, Hawksby, Chowel, Bouquet, Thibaut, and Boerhaave, born in London, 1697, was appointed professor of anatomy in the University of Edinburgh, when he was but twenty-two years of age. With Alston, Sinclair, Rutherford, and Plumer, he built it up to be the most celebrated and frequented in Europe. His work on "Osteology," published while he was yet under thirty, was translated into the principal European languages.

Alexander Monro, secundus, studied under Albinus and Meckel. He was elected assistant to his father, the first Monro, at the age of twenty-three. He published three large folio volumes, magnificently illustrated, respectively, "On the Structure and Functions of the Nervous System;" "Structure and Physiology of Fishes, compared with those of Man and other Animals;" and, "A Description of all the Bursæ Mucosæ of the Human Body, with Remarks on the Accidents and Diseases which affect these several Sacks, and the Operations Necessary for their Cure."

William Cullen, at different times professor of chemistry, materia medica, and theory and practice of medicine, in the University of Edinburgh, has laid, not only medicine, but other sciences under lasting contribution to his ability. He expanded chemistry so as to lend its magnetic aid to the improvement of arts and manufactures; and he is supposed to have suggested the theory of latent heat to his pupil, Black. He was a successful lecturer, a thorough clinical teacher, and the author of that system of pathology known as solidism. "By teaching that the nervous system is the sole, primary seat of disease, he indirectly encouraged those minute researches, which, in the next generation, gave use to the capital discoveries of Bell, Shaw, Mayo, and Marshall Hall." The solid pathology was also the first effective barrier against that constant and indiscriminate venesection which had prevailed for many centuries.

James Gregory succeeded Cullen, and, for thirty-two years he conferred almost equal lustre upon the chair of practice of physic as his illustrious predecessor.

John Brown, born in 1735, was the son of a day laborer. But this did not deter him from fostering his innate genius by study. His biographer tells us that at an age when most children are only beginning their letters he was far advanced in Latin. He came to Edinburgh at the age of twenty, and while he studied medicine supported himself as a "quizzer," or, as they term it abroad, *grinder*. His abilities recommended him to Cullen, to whom he became Latin secretary. He afterwards quarreled with his great friend, and this stimulated his ambition to rival Cullen as the founder of a school of medicine. He devised, accordingly, what is known as the "Brunonian System," which consists in the adminis-

tration of a course of stimulants, instead of the so-called antiphlogistic remedies, as a method of cure. He had the merit of practicing as he preached, for he died in London, in a fit of apoplexy, in 1788, brought on by a course of long intemperance.

The next fames that ring out upon us are those of the Bells. John Bell was an eminent surgeon, and, moreover, a man of distinguished, general, literary accomplishments. He was the author of works on "Wounds," "Principles of Surgery," and "Anatomy." The latter was in three volumes; the engravings of bones, muscles, and joints, illustrating the first volume, were drawn by the author. He died at Rome, in 1820, whither he had gone for the benefit of his health.

Charles Bell, an alumnus of the University of Edinburgh, built up his fame in London, whither he removed in 1804. There he published his "Anatomy of Expression," "System of Operative Surgery," and his world-famed discoveries regarding the nervous system. Prior to Bell's discovery it was the general belief that all the nerves were alike, and that diverse nervous manifestations depended upon the number and not kinds of nerves. But even before he had left Edinburgh, a suspicion had grown upon the mind of Bell that this prevalent opinion was erroneous. He found that the nerves were distributed into different classes, to each of which belonged its proper function. He saw, for instance, that the two roots of a spinal nerve impart the different powers of motion and sensation. This discovery, as wonderful as that of the circulation of the blood, astonished the whole medical world; it was a revelation that had remained unknown till now, and when announced could not be controverted, although after its full value became known, as is usual in such cases, attempts were made to deny Bell the merit of it. On the accession of William IV to the throne, Bell, in company with Brewster and Leslie, was knighted. After remaining in London thirty-two years he returned to his native city of Edinburgh, to accept the appointment of professor of surgery in the University. He died suddenly in 1842, like John Hunter, by excitement brought on in regard to a medical bill.

To the Hunters, who were Scotchmen, we have already paid passing tribute, and time now makes us close this review of distinguished medical Scots by simple mention of the Fordyces; Sir William Hamilton; Andrew Duncan, founder of the Edinburgh *Medical and Surgical Journal*; Andrew Duncan, Jr., editor of the first edition of the Edinburgh *Dispensatory*, the discoverer of cinchonin, and the first to introduce the science of medical jurisprudence into Great Britain; Sir Gilbert Blane, head of the British Navy Medical Board, who lessened the total amount of disease in the navy one-half by the introduction of lemon-juice for the cure of scurvy; John Barclay, the author of our present system of anatomical nomenclature; James Currie, who threw much light on the medical uses of water; Matthew Baillie, nephew of the Hunters, an industrious laborer in the field of morbid anatomy; John Abernethy, the founder of the Physiological School of Surgery, and the first to tie the common iliac artery; Robert Watt, author of the "Bibliotheca Britannica;" Benjamin Bell, a distinguished surgical writer; John Abercrombie, the eminent pathologist and physician; John and Allan Burns, talented anatomists and surgical writers; John Reid, the physiologist; and Robert Liston, the unrivaled surgical operator.

Syme and Simpson were so lately gone that their shadowy forms still seemed to linger round the college halls.

Out of this long list we shall find but few graves whereat to pilgrimage. Time is a ruthless old iconoclast in these northern climes, making

"Gravestones tell truth scarce forty years."

Cullen lies buried in the churchyard of Kirk Newton, near Edinburgh. Black keeps Alston company in old Greyfriars Churchyard. Sir William Hamilton lies in one of the vaults of St. John's Chapel. In St. John's Churchyard is the grave of Syme. No monument or stone of any kind crowns it, but loving hands leave garlands there, and flowers bloom upon it. Across the path from Syme lies William Pulteney Alison, formerly Professor of Practice of Medicine in the University of Edinburgh. A few steps beyond is the grave of a staff-surgeon. These graves are in a little walled enclosure, above which, like a sentinel, towers the old castle of Edinburgh.

Simpson's monument rises proudly from the crest of a terrace in the Edinburgh Cemetery. On its base is cut, in enduring letters,

"Nevertheless, I live."

Truly, he lives! Lives on earth, blessed of

women whom his kindly genius has made to escape the pangs of parturient pains: lives above, as one who kept his earthly lamp always well trimmed and burning, to guide alike the feet of his professional brothers and his fellow men.

Not "without reverent awe," gentlemen, "have we put by the cypress branches and the amaranth blooms" that cover these old tombs. We are aware that no touch of ours can add a bit of brightness to the many names mentioned this morning; rather do we hope for the reverse, and wish to shine by the reflected light which they throw down upon us from dim and dizzy distance. But, as their names are indelibly cut on the flint of this world, as they were the engineers to run the air lines between the cardinal points of our science, and as they not only first cultivated the field of our profession, but cleared it, even to its stumps of fallacy and its roots of obscurity, it is certainly ours, as students of medicine, to profit by the example they set us.

The obstacles to our path can be but sticks and stones compared to the blank rock wall, and tangled, pathless forest that, on all sides, presented to them. Therefore, shall it be said of us that, in these days of almost royal roads to knowledge, we gave ourselves up to mental sloth, proved ourselves inferior in thought and work to those who preceded us, and that we let run into caves and marshy places the pure stream of scientific truth that flowed for us? Or, will we commence to-day, and by the exercise of that intellect which God has given us, so do our duty to ourselves as to make us worthy of the profession we have chosen, the days we live in, and the future we hope for?

Carlisle says that "genius is simply cultivating the capacity for taking infinite pains;" and surely this is better than cultivating the capacity for infinite carelessness. It is just as easy to study a line as to skim a page, to dissect as to mutilate, to listen as to be listless, to labor as to wait.

> "In the elder days of Art,
> Builders wrought with greatest care
> Each minute and unseen part;
> For the gods see everywhere.
>
> "Let us do our work as well,
> Both the unseen and the seen;
> Make the house where gods may dwell
> Beautiful, entire, and clean.
>
> "Else our lives are incomplete,
> Standing in these walls of Time,
> Broken stairways, where the feet
> Stumble as they seek to climb."

COMMUNICATIONS.

AFTER-TREATMENT BY MERCURY IN GRAVE INJURIES AND LIFE-JEOPARDING SURGICAL OPERATIONS.

BY M. L. KNAPP, M.D.,
Of Cadereyta, Nuevo Leon, Mexico.

In my early career as a practitioner, I was summoned in great haste to assist a woman in child-birth, and found her dying, just gasping her last breath, consequent on rupture of the womb and internal hemorrhage. By wish of her husband and friends, I performed the Cæsarean section instantly, after breathing had ceased, in the hope and expectation, indeed, of saving a young Cæsar alive; but for want of experience in keeping up artificial respiration, my hopes and expectations were not realized. Had I then possessed the experience I have since acquired, my efforts might have been crowned with an exultant success. I have since resuscitated many an asphyxiated infant at birth, and two of the number after perseverance in keeping up artificial respiration in each case for more than an hour. My method has been to inflate the lungs of the child gently, by breathing into them expirations of fresh air inspired into mine, and alternately compressing the child's thorax. The child should be held by a nurse, warmly wrapped up, as in the act of nursing at the left breast, the head gently inclined over the left arm. The accoucheur, seated close to the left side of the nurse, holds the nose of the infant with his right hand, and with his left hand grasps the thorax for making the alternate pressure. When seated before an open door or window, the child's mouth washed and wiped clean, artificial respiration can be kept up for an hour without fatigue, and the pitapat of the child's heart listened to with the greatest convenience, to note the progress made. With quick inspirations of fresh air, and not too forcible inflation of the child's delicate lungs, the prospects of resuscitation by this method are certainly good, for I have proved them by experience. The swinging plan, spoken of by Dr. Lusk as Schultze's method, and which proved successful with him, may be tried, if preferred, but seems unsuited to a winter temperature. (See New York *Medical Journal*, 1873, p. 89).

The Cæsarean operation, though life-jeoparding, is not always fatal to the mother, for under rest, quietude, and the appropriate regimen

usually prescribed for lying-in women, recovery sometimes takes place; but what *medical treatment* is the most life-saving after this mortal cutting open of a woman, and after all mortal wounds and life-jeoparding surgical operations, is an open question. The experience of any practitioner, therefore, is relevant in this important matter. Experience has taught us great lessons, both of boldness and prudence in surgery. What were, in times past, considered unjustifiable methods, have from experience become life-saving means to thousands, under the extreme emergencies in which suffering humanity has been brought to plead for relief at the hands of the operative surgeon. Not only is the Cæsarean section now considered a justifiable resort for endeavoring to save the life of both mother and child, when delivery *per vias naturales* is impracticable (Dewees and others), but ovariotomy also is now enrolled among the legitimate operations of surgery. The experience of surgeons during these latter years has established this formidable procedure (Atlee, Peasely, Sims, in America, and Wells and others, in Europe); and also other daring modes of endeavoring to save life by surgical operations, which need not be specified; but as to *after-treatment*, I do not see anything new, any new principle advanced of general applicability; we still have to rely on general principles, rest, quietude, the antiphlogistic regimen, *vis medicatrix naturæ*, low diet, opiates and cooling applications. Every practitioner has to depend on these general principles for the safety and recovery of his patient after every life-jeoparding operation, and also after mortal wounds and the gravest of injuries. But the *vis medicatrix naturæ* generally overshoots the mark, and against this blind curative force we have need to hold a check-rein. Verily we need have some prophylactic against the inflammation which nature sets up and carries to excess; and have we not this prophylactic in the proper administration of mercury?

If experience has rendered surgery very bold, it has also made it very conservative, and corrected former abuses. The abuses of the pioneers in lithotomy and trephining which modern experience has corrected, are sufficient examples. Empirical and conservative surgery have thus conducted this important branch of the healing art to its present improved status. It is not perfect yet. The institutes of surgery are not fixed or settled principles, but like those of medicine are eminently progressive. Improvements are daily taking place in both. The two are, indeed, so blended, that however bold and dextrous may be the operator, if he be not a good *medical surgeon* his patient may die for the lack of skill in the after-treatment. I witnessed glaring illustrations of this in hospital practice in Matamoros, after the siege by Carvajal, in the winter of 1861–2. Low diet and purging constituted the *general principles* for the treatment of the wounded, even after the inflammatory stage had passed. In a surgical case requiring a life-jeoparding operation, though assisted by operative skill *par excellence*, unless the after-treatment be conducted on like excelsior principles, the patient may die from the imperfection of the general principles and therapia upon which the cure is conducted. To be a good *medical surgeon* is the highest attainment in the healing art. To conduct safely to the shores of health the mortally wounded, and those who have passed the ordeal of the gravest exactions of the surgeon's knife, by skillful after-treatment, is to exercise the highest functions of a practitioner.

In the year 1860 I sought relief from repeated attacks of hæmoptysis, by a change of climate from the Northern United States to the warm region of Southern Texas, and in 1862 came over into Mexico and located myself permanently in the city of Cadereyta, thirty miles east of Monterey, under the eastern aspect of the lofty cordillera known as the Sierra Madre. I have not been disappointed in my hopes of climatic benefits in this land of oranges and goat's milk, where the mercury is rarely depressed below 32° Fahr., and my observations in an extensive practice in this hot climate have added some lessons (thought worthy of record), to my previously acquired stock, from which I have deduced at least *one rule of practice*, new, I think, in medical surgery, and which I respectfully submit to the consideration of the profession, and particularly to those who are accustomed to perform life-jeoparding surgical operations. The large percentage of mortality after the great operations in surgery justifies the measure. It may turn out that the *rule* which has saved valuable lives in my practice has been adopted by others, but if so, I have no knowledge of it.

Every practitioner of medicine knows full well that inflammation of the brain is a disease of much more frequent occurrence in hot than in cold climates. I have met it so frequently here, in its furious forms of meningitis, and comatose

forms of cerebritis with tonic spasm, and have achieved such admirable results from the administration of mercury, that its prophylactic effect in injuries of the head after the operation of trephining, was, by analogy, suggested to me, and has now become the rule of practice with me in all these cases. And furthermore, I have extended the rule (convinced of its great utility) to all mortal wounds and injuries, whether by accident or surgical operation. By the adjective *mortal*, I mean very grave—a wound, an injury, or an operation, jeopardizing life. I adopt the rule where inflammation has set in, to arrest it, and I apply it ere inflammation has supervened, to prevent its occurrence, for in nine cases out of ten where death occurs, if the immediate shock has been survived, it is the result of inflammation and its products, which the judicious and timely administration of mercury prevents, as we all know full well by practical results.

Practitioners progress to improved methods by degrees, step by step. It was not until after losing some cases of inflammation of the brain that a more heroic use of mercury was resorted to, and it was not until after repeated salutary results in these cases that I was led, by analogy, to administer mercury as a prophylactic in injuries of the head and after the operation of trephining. Let us glance a moment at the old method of treating fractures of the cranium, also at the present status of surgery in this regard, and then at the improved method I suggest.

It appears, by the records of surgery, that it was formerly the practice to trepan for the slightest fractures of the skull, even fissures of the cranium, whether attended by symptoms of compression or not; that trepanning was the *rule* in all fractures of the cranium for removing bad symptoms, when present, and preventing them from supervening when absent; that surgeons thought it necessary to explore and trepan out every fissure by repeated borings; that in operating for the removal of a coagulum they made as many openings as would uncover the whole of it; and that all this was done to remove danger! Mr. John Bell gives the following extract:—"I, the underwritten, Philip Count Nassau, hereby declare and testify that Mr. Henry Chadborne did trepan me in the skull twenty-seven times, and after that did cure me well and soundly. August 12, 1664." (Pirrie).

In the present day the operation of trephining is called for, in the opinion of surgeons, for simple fracture with depression, punctured fracture without comatose symptoms, and for abscess and coagula when the symptoms indicate their presence. In all cases the indication is to prevent inflammation by the antiphlogistic regimen, low diet, rest, quietude, and cold applications (Pirrie). Nothing is said, be it observed, of the administration of mercury to this end, the great controller of inflammation, nor does any author recommend it as a preventive of inflammation in these cases, that I am aware of. Compound fracture of the cranium is followed very generally by inflammation of the brain, and it would be of no use to trephine when inflammation is once formed, for if inflammation comes on, the patient will die whether you trephine or not, and the operation will add to the danger of the inflammation (Sir Astley Cooper), and this is the *law* or *rule* of the present day. The administration of mercury is not recommended, as a *rule*, as a means of controlling the inflammation after it has supervened, nor of preventing it from supervening, neither by Sir Astley Cooper, Sir Benjamin Brodie, Abernethy, Sir Philip Crampton, Pirrie, Liston, Hunter, nor by any American surgeon, to my knowledge; but I have found it adequate to control the inflammation and save life in these cases. That some surgeons have doubted the correctness of Sir Astley Cooper's *rule* in compound fracture of the cranium is true, but without suggesting the further resource of our art, the constitutional effect of mercury.

I will illustrate my views by a few cases that have occurred in my private practice.

CASE I—COMPOUND FRACTURE OF THE CRANIUM.

A peon hoeing corn on a hacienda, ten miles from this city, was struck by a companion peon with the poll of his hoe, on the left superior region of the os frontis, and an oblong-square piece of the cranium broken in and depressed upon the brain, of the size of the head of the hoe, a piece an inch and a half long by three-eighths of an inch broad. The external table was neatly broken in of this size, without fissures, but, of course, the internal table was shattered more extensively. The hoes in use here are made with a longitudinal steel poll standing out from the back of the eye, for rapping off the mud in irrigating. The offense the peon had committed was drinking water out of the other's gourd-

shell! He caught him in the act, and dealt the blow from behind while he was drinking. The wound was thus longitudinal, and about an inch to the left of the median line.

All offences of this kind are immediately brought to the notice of the *Juzgados Constitucionales*, one or other of which tribunals, second and third Alcaldes presiding, whose jurisdiction equals that of a justice of the peace, orders the offender arrested and brought to trial, and the sufferer to be cared for by doctors and nurses.

A Mexican physician, who was only an apothecary, was called by the proprietor of the hacienda, and the next day the wounded man was ordered by the Alcalde to be brought to the city, and Dr. Berrian, a confederate army surgeon who was then practicing here, was associated with the Mexican doctor in treating the case. Under their care the case ran till the afternoon of the fifth day without operation, when, the comatose symptoms becoming much aggravated, I was summoned by the Alcalde and ordered to take charge of the case, and the other two were retired.

I found a compound open fracture, with depression, as described, the external wound suppurating, and symptoms of compression present, aggravated by inflammation of the brain which had set in, for the mother of the peon told me he had not been totally insensible until the day previous.

Trephining seemed to me to offer the only chance of saving the life of the sufferer; so I decided to operate, though inflammation of the brain had supervened, and treat the case afterwards as I would a case of idiopathic inflammation of the brain, or in other words, bring the patient under the constitutional effect of mercury as quickly as possible. Accordingly, I operated at once, applying one crown of the trephine only, which enabled me to extract the atrophied piece of bone, and remove all the spiculæ; after which the wound was washed and dressed properly. The patient showed some little sensibility under the operation, but was not relieved of the comatose symptoms after the depressed bones had been extracted.

After-treatment.—I did not institute a venesection, for much blood was lost by cutting the temporal artery in the operation. Ten grains of calomel and one of opium were ordered every six hours, the patient to be washed all over and strong mercurial ointment rubbed in epidermically, with diligence, once a day. Forty-eight hours after the operation the gums began to show the constitutional effect of the mercury, when the calomel and opium were suspended and the patient again washed. On the third day the patient awoke from his lethargy and called for food and drink. He recovered, and is still living and in good health, eight years after the operation.

That this case would have terminated fatally *without* the operation, there can be no doubt, I think. And what would have been the result *with* the operation had not mercury been administered? Let Sir Astley Cooper answer: "Compound fracture of the cranium is followed very generally by inflammation of the brain, and it will be of no use to trephine when inflammation is once formed. It might be thought that it would be time enough to perform this operation when inflammation had appeared; but this is not the case; for if inflammation comes on, the patient will die whether you trephine or not; and you will be so far from arresting its progress by trephining, that the operation will add to the danger of the inflammation. When inflammation of the dura mater and membranes has been excited by depression of the bone, you cannot retard the progress of death by performing the operation." (See Pirrie's Surgery, p. 209).

After-treatment by mercury, then, saved this life; no other logical conclusion can be drawn.

CASE II.—CONCUSSION AND ABSCESS.

A middle-aged man was knocked down by a blow on the side of the head with a club, in a fight, and the authorities assigned the case to the surgical care of Dr. Berrian. After recovering from the concussion the case went on well enough until the fourth or fifth day, when comatose symptoms supervened, and the patient died on the eighth day. The authorities ordered me to make an autopsy and report the cause of death. I found an abscess on the dura mater, under the temporal bone, which was slightly fractured but not depressed, and an ounce or more of bloody pus on the membrane, which was extensively engorged with blood, and also the substance of the brain below. I reported the cause of death to have been inflammation and abscess of the brain from the blow received.

Had this case been assigned to my care I would have ptyalized the patient before the fourth day, to prevent the supervention of inflammation. I believe the medical surgeon will only

be acting up to the demands of a progressive science in ptyalizing every similar case of injury of the head, even though the injury may not be sufficient to cause inflammation. Such after-treatment, as a precautionary measure, can do no possible harm, in any event, and under an injury with strong predisposition to inflammation the ptyalism would save life. Inasmuch as we cannot know, in some cases of injury of the head, whether or not the internal table be fractured, or the dura mater separated, or what unfavorable result may follow, I have adopted the *rule* to ptyalize the patient in every case of concussion of the brain where the circumstances lead me to suppose there is any danger of inflammation following the blow, fall or injury. The following case is in point:—

CASE III.—CONCUSSION, WITH SYMPTOMS OF COMPRESSION.

A boy, seven years old, fell from an orange tree, in gathering fruit, about ten feet, to the hard ground, and was taken up insensible. The accident occurred early in the morning, before any food had been taken, and I saw the case some hours after, towards midday, the boy remaining in a comatose state. I examined the head very carefully, but could find no contusion; had the boy stripped naked, but no bruises appeared on the body. I ordered him held as if standing, and douches of cold water poured on him, and afterwards dried and laid in bed, and some sweetened milk given him by the teaspoonful, which he sipped. An injection of an emulsion of castor oil was ordered, which brought away fæcal discharges in the afternoon, but still the boy remained asleep, as in natural sleep, without stertorous breathing, and so I found him the next morning.

The case ran on four days without any material change in the symptoms, and without any special treatment beyond nutriment, as above spoken of, and cooling applications to the head. Febrile reaction supervening on the fourth day, caused me to suspect a fracture of the base of the cranium, and on examination of the breech of the little sleeper, evidences of contusion were apparent in the discolorations present, and from this time forward the case was regarded as concussion, with *probable* fracture of the base of the cranium. The boy, in falling, had evidently struck the ground in a sitting posture, and the shock of the weight of the head upon the atlas and spinal column had produced the injury, whatever it was, that developed the persistent comatose symptoms that followed.

Under this reading of the case I commenced the administration of mercury by inunction, and also with blue mass rubbed down in the sweetened milk. Evidences of ptyalism appeared in four days more, when the boy began to show symptoms of improvement, and on the ninth day from the injury became conscious. He recovered completely, without loss of sense, motion, memory or intellect; which favorable result I attribute to the administration of mercury. To me it is clear that it controlled the inflammation of the brain that was setting in, and which would probably have resulted in death under any other treatment known to our art. In the present state of our knowledge, therefore, *the rule* I have adopted is applicable in all cases of severe injury of the head, with or without comatose symptoms.

CASE IV.—CONCUSSION, WITH PROBABLE ABSCESS.

A major domo of a hacienda was thrown from his horse, and received a contusion on the left superciliary ridge of the os frontis. He was stunned for a time, manifested the usual symptoms of concussion, but the injury was not considered of sufficient importance to demand treatment. About a week after the fall he was attacked with intermittent fever, and came to the city for treatment, and fell under my care. He was very soon relieved of his attack of fever, but complained of pain in the head, and particularly in the region where he had received the injury. I purged him, and applied cold applications to the head, but he passed rapidly into a comatose state, and died in a few days. A post-mortem could not be obtained. Inflammation and abscess of the brain were doubtless the cause of his death. If I had ptyalized this case with dispatch, when first brought to my notice, his life would probably have been saved; but it offered before I had adopted *the rule*. Experience had not then taught me the value of this rule of practice in surgery.

[*To be Continued.*]

BILIARY CONCRETIONS DISSOLVED.

Report of a Case read before the Linn County Medical Society, in Cedar Rapids, Iowa, June 3d, 1873.

BY E. BURD, M. D.,
Of Lisbon, Iowa.

August 9th, 1871, I was called to see Mrs. A. P., aged forty-four. She had suffered

for twenty years or more from paroxysmal attacks every week or ten days, sometimes as often as two or three times a week, lasting for many hours, and accompanied by intense suffering. During these attacks she complained first of intense pain extending from the region of the gall-bladder anteriorly to the inferior angle of the scapula, followed immediately by severe straining and vomiting, together with severe cramping of the abdominal muscles. During these paroxysms she suffered the most intense agony. She rolled from side to side on the bed, rested on her elbows and knees, or was doubled up with cramp, which sometimes extended to the extremities, shrieking, praying, rolling, straining and vomiting. It was a terrible scene to witness. In a short time there appeared a swelling distinctly noticeable under the right inferior rib anteriorly, which increased in size until it became quite prominent, but was not very sensitive to pressure. After a time, varying from six to forty-eight hours, and during a fit of vomiting, she said, "I always felt something burst in my side," and immediately the vomiting and cramping ceased, the tumor rapidly diminished in size, and she was at rest, though sore, worn out and prostrated by her intense suffering.

She told me that she had been under the treatment of at least twenty physicians in Pennsylvania and here, and fully as many quacks, none of them affording her any relief.

One of the physicians pronounced the distended gall-bladder to be a malignant tumor, and advised its removal by operation. Others hooted at the idea of having a swelling under the rib and its bursting in her, while others pronounced it a "strange kind of liver complaint;" this wise decision was arrived at on account of the jaundice which appeared during or just after a long continued paroxysm, but they could neither explain the case nor do anything to relieve it. She had been dosed with calomel and morphia until the poor woman was reduced to a mere skeleton.

Saw her first August 9th, 1871, and after the paroxysm I explained the disease to her friends as being caused by the passage of gall stones, and requested that her stools be washed and search made for the stones, but I need scarcely add that this request was not complied with.

Treatment.—During the paroxysm I gave chloroform in doses of fifteen to thirty drops, repeated every thirty minutes, to relieve the pain and relax the walls of the gall-duct, in order that the calculus might the more readily pass.

During the interval the treatment was directed to prevent the formation of the calculi, or to dissolve them as soon as formed. For this purpose I resorted to a mixture of equal parts of Venice turpentine and sulphuric ether.

"The use of oil of turpentine in cases of this affection was first proposed by Vallisneri, and afterwards, in 1792, by Durande, of Dijon, who reported seven cases of its complete success. He made use of a mixture, sometimes of equal parts of the oil and sulphuric ether, and sometimes of two parts of the former to three of the latter article. Of this a teaspoonful was to be taken every morning, fasting, and followed by a glass of whey or other diluent. Its good effects were also attested by Sœmmering. Richter, and other eminent physicians. More recently Martin Solon has published a marked case of its success. Some authorities contend that the medicine acts as a solvent of the concretions of the gall-bladder or ducts, while others deny this operation, and refer the effects observed to an excited peristaltic action communicated from the duodenum to the gall-ducts" (Stillé's Therapeutics, Vol. i, p. 659). Under the use of the above treatment she gained strength, the attacks became less and less frequent, until they ceased, and she began to grow fat. She then became pregnant, and becoming tired of taking medicine, she discontinued it for some months. She had another attack in January, 1873, after a rest of fifteen months, since which time she has resumed treatment, and has had no more trouble, and is now fat and well.

"The ingredients of gall-stones are, cholesterine (commonly from 80 to 90 per cent.), cholochrome, or coloring matter, combined with earthy and alkaline salts, such as phosphate and carbonate of lime, and magnesia, together with biliary and fatty acids. Gall-stones arise from a decomposition of the bile, akin to putrefaction. The cholesterine of human bile is dissolved in the taurocholate of soda. But as soon as the acid of this salt is decomposed the cholesterine is set free, crystallizes, and deposits upon any particle that may happen to be within easy distance, in the manner of all crystals, which like to post themselves upon prominent bodies" (Thudicum, p. 167).

The ether acts only as a solvent for the fatty matter (cholesterine), even when this body is

plunged in a bath of it. Some authors claim that ether acts only by relaxing the spasm so that the calculus can pass, while others claim for it a solvent action. I believe the latter to be the correct theory.

Choloroform has also been used with success in this connection, and as the gall-stones are readily soluble in it, it follows that if the solvent action is the one required, chloroform would be superior to ether. Dr. Thomas H. Buckler claims great success with the chloroform used as above directed for ether.

I believe that with ether or chloroform, uncombined with turpentine, gall-stones can be successfully treated. Should another case present itself I shall try them singly and if success follows it will be a great relief to the patient, as the mixture of turpentine and ether is a very unpleasant dose to swallow, as it must be, on an empty stomach.

CASES OF FRACTURE OF LOWER EXTREMITIES TREATED WITHOUT SPLINTS.

BY J. F. ATKINSON, M. D.,
Of Lexington, Mo.

Much has been said in praise of this, that, or the other splints in use, and out of use. Fifteen years ago I abandoned the use of them all, and regard their use in fracture of the lower extremities as inquisitorial and demanding reform. I therefore consigned them all to the rubbish pile, never more to be resurrected.

You then ask, What is your treatment in recent fracture of the lower extremities? I reply in as few words as possible, consistent with the nature of the subject, looking at the same time for an attack from splint inventors and vendors; but this shall not deter me from what I regard my duty. The country demands the reform.

If called to a recent fracture of lower extremity, I adjust the limb upon a straight mattress, just so far as it can be done without pain or torture to the patient; then support with sand bags, and apply cold-water dressings for ten or twelve days, during all of which time it is a matter of perfect indifference whether the parts are in coaptation or not, or whether the limb is straight or crooked, for the patient will be more comfortable with the fracture unadjusted than adjusted, as a rule, on account of the irritability of the muscular fibres, as well as the inflammation that occurs subsequently, putting them to their utmost tension.

What surgeon of any experience does not know that it requires almost a superhuman effort to overcome the contractility of the muscles when injured, torn and lacerated, all of which has to be overcome at the expense of fracture of the fibrilla, if perchance the parts are reduced to coaptation? And then comes the tug of war; and this is a war against the persistent contractility of the muscles, and against sloughing from the pressure induced by the splints, of whatever kind, applied. Aye, but says the patentee, my splints are exempt from all this. *Hope they are*, but none at all are perfectly free from objection. But what of extension and counter-extension? That question is easily solved. None whatever is necessary until the irritation and inflammation is entirely overcome by time and the powerful therapeutic use of cold water, at which time the provisional callus (so called by Dupuytren) will be thrown out, and all the soft tissues of the limb will have become as elastic as a flannel rag, and the fractured bones will be easily, if not already, reduced to perfect coaptation. And now the patient is bed-ridden, so to speak, and it will be an easy matter to keep him quiet for six or seven days, at which time, by the application of a light pasteboard support, he can travel at his will, on crutches, without the slightest distortion.

A case or two will give the reader some idea of the practical results of the plan proposed here:—

Mr. M. S., æt. 25. Comminuted fracture of femur, lower third; used straight mattress, sand bags and cold-water dressing. Twelfth day invited Dr. F. C. to witness the adjustment of fracture, but found it already in perfect coaptation. This had been accomplished by his attendants by simply elongating the limb each day, under my directions, the patient never having been conscious of the time of the perfect adjustment of the parts. The weight of the body being all that is necessary for counter-extension, provisional callus fully organized, and the patient walked on the twentieth day from injury, two or three hundred yards, using crutches, the limb slightly supported with binder's board. There was no shortening nor limping sequent in this case, although his leg often, for the first week, appeared to have two knees, as he was permitted to lie on either side without the least regard to the limb being straight.

Case II.—C. S., boy, aged 6 years; double fracture of femur, upper and lower third. Treated

as above. Fractures adjusted 11th day; sand bags applied to keep the parts in coaptation; perfect union on the 18th day. Dr. W. P. B. assisted me in adjusting this fracture, and can testify to the perfect recovery without the slightest deformity.

Case III.—L. R., boy aged 16. Fracture of the tibia and fibula, middle third. Treated as above. Extended the limb slightly each day after the 6th. Tenth day adjusted, in presence of Dr. L. S. B., without extension or counter-extension. Patient recovered perfectly in 28 days, although this case was compound and attended with considerable sloughing, as the weather was extremely hot.

I could give many other cases treated upon the same plan, and invariably with perfect recovery.

My early teaching and practice were the books and the splints, all of which I now abhor, and regard as malpractice, as applied to fractures of the lower extremities, and, God being my helper, I shall never apply a splint again in any case of the above-named fractures, and trust that this reform, so necessary, will become general.

Medical Societies.

SCHLESWIG SOCIETY FOR HOME CULTURE—MEDICAL SECTION.

[Translated, by request, by Dr. Max Heller, from the *Medicinische Centralzeitung.*

MEETING OF DECEMBER 19TH, 1873.

The Pneumatic Treatment.

Private docent, Dr. Sommerbrodt, gave the thesis that there is no contradiction between the facts that during the past decennium the treatment in compressed air was so highly recommended for emphysema and asthma, and now, since 1870, the exhalation in rarefied air is advocated with the same warmth in the treatment of the same disease. As evidence of the correctness of this thesis, the lecturer then takes the theoretic view, referring to the physiological examinations of Vivenot upon the effects of compressed air, and adds thereto communications upon practical results.

For instance, Sandahl, in Stockholm, treated 479 cases of emphysema with compressed air, among which were 41 with emphysema without catarrh, of which 40 were permanently cured, being 97 per cent. Of those complicated with catarrh and asthma he cured 76 per cent. Berlin (Montpellier) cured of 13 cases of emphysema all; of 92 complicated with catarrh 67. Brunnich cured 70 per cent., etc.

The inconvenience and trouble to the patient, connected with seeking the places where pneumatic cabinets are established, induced Hauke, of Vienna (1870), to invent a transportable apparatus. On reflecting that in emphysema the expiratory forces are chiefly weakened, he concluded to come to the patient's assistance through exhalations in rarefied air.

The practically organized experiments with Hauke's apparatus, by Mader, of Vienna, were satisfactory. Theoretically it is easily proven that exhalation in rarefied air accomplishes the indications even better than that which a treatment in the compressed air of the pneumatic cabinet could fulfill, as follows: before all else, by clearing the alveoli of the lungs of the residual air, which contains an excess of carbonic acid gas, which paralyzes the contractile element of the lungs, increasing the vital capacity and increasing the positive pressure of expiration as well as the negative pressure of inspiration.

The Waldenburg experiments (1871), with the manometre, for the lungs, proved among others the following results, closely calculable: that emphysema of the lungs is an insufficiency of inspiration, hereby being the justification to treat the same with exhalation in rarefied air, given in a much more pregnant manner. Waldenburg therefore felt himself called upon to free the Hauke apparatus from several evident disadvantages. In this he was thoroughly successful in the pneumatic apparatus, which he described in October of this year (1873), and with which he has already accomplished extremely beneficial results. In the newest phases of the treatment of emphysema and asthma, the matter has been disparaged, as Waldenburg studied only the influence of rarefied and compressed air (by in- and exhalation), upon the heart and blood vessels. After communicating these results the lecturer came to the conclusion that it is rational to treat uncomplicated emphysema with exhalation in rarefied air, and that complicated with catarrh, simultaneously, in the same manner, with inhalation in compressed air, as the latter method increases the pressure and flow of blood in the aortic system, and decreases the discharge of the blood in the right ventricle of the heart; consequently it counteracts the excessive flow of blood to the lungs, which are the conditional and sustaining causes of catarrh.

Dr. Sommerbrodt added remarks upon patients treated by him by this method up to the present time.

—A story is related of a Chicago physician, who is also an extensive real estate operator, that recently he prescribed some pills for a lady, at a time when he was very much absorbed in one of his land transactions. She asked how they were to be taken. "A quarter down," said the doctor, "and the balance in one, two, and three years."

—Typhus fever and small-pox have broken out in Stockholm, in epidemic form, and the diseases are creating terrible havoc.

Editorial Department.

Periscope.

Treatment of Amenorrhea by Electricity.

In the *Medical Times and Gazette*, of London, Dr. Julius Althaus gives the following successful treatment of a case which, he adds, was pronounced incurable by Professor Fordyce Barker, of New York:—

An American lady, aged thirty-seven, had her first confinement in March, 1871. The child was full-grown, but stillborn. The fœtal movements had suddenly ceased about a week previous to delivery, without any accident having occurred to the mother. The body of the child was found to be decomposed when born, and forceps had to be used. The mother was very ill for a considerable time afterwards, and she never saw any further trace of the menstrual discharge, although previous to her pregnancy she had always been perfectly regular. She underwent much treatment, and ultimately consulted Dr. Fordyce Barker, of New York, who pronounced the case to be one of "atrophy of the ovaries," and said that nothing could be done to restore the function of those organs. In May last the patient came to England, and being very anxious to have children, she consulted Mr. Spencer Wells, who discovered a slight degree of retroflexion of the uterus, which he replaced by the sound, and kept up by a pessary. He believed the amenorrhœa to be owing to a torpid condition of the ovaries, and sent the patient to me with the request to use electricity for rousing their function.

The general health of the patient was at that time quite satisfactory, and therefore no medicine was given. There had never been any vicarious menstruation or molimina. I induced catelectrotonus of the ovaries by placing the negative electrode of the constant battery alternately to the right and left ovarian region, putting the anode alternately to the lumbar spine and to the os uteri by means of an insulated sound. A current of from fifty to sixty cells of Daniell's battery was used, and the action of it kept up for fifteen minutes at a time. After a few such applications, the patient said that she felt the same sensations which she had always felt just before the period used to come on, viz., persistent uterine pain and frontal headache, chiefly in the right side of the head. A slight mucous discharge from the womb began at the same time. The galvanic current was now used on twenty-two different occasions, and the general sensations of the patient at the end of that period were such as to fully convince her that the catamenia were impending.

This was towards the end of June last. External reasons now obliged her to leave London, and I did not see her again until November 7th, when she informed me that she had been disappointed in her expectation. The sensations which she thought premonitory of the occurrence of menstruation had disappeared within the first few days after discontinuing the galvanic treatment; the discharge from the womb had likewise ceased, and no sign of the period manifested itself. She was anxious to give the treatment a further trial, and it was therefore now resumed. Within the first few days the symptoms which she had felt in summer returned, viz., uterine pain and frontal headache. Shortly afterwards a thick mucous discharge from the womb was established, which was on one occasion sanguinolent, and so acrid that it made the inside of the thighs sore; for the relief of which cold cream was not sufficient, but free applications of the benzoated ointment of oxide of zinc were found requisite. The current was now used thirty times. The sensations previously described ceased, while the discharge persisted.

The treatment was now interrupted for ten days, and resumed on December 22d. After three more applications the period came on Christmas day, to the intense gratification of the patient. The flow was, for the first twelve hours, quite as abundant as it had ever been before. It then diminished, and ceased altogether four hours afterwards; but was succeeded by a dark mucous discharge, which lasted two days longer. As it appeared to me that this first response of nature had been very imperfect, I advised another short course of treatment just previous to the time when the next period would be expected. The patient accordingly came to me again on January 13th, and had eight more applications of the current. Menstruation returned on January 22d; it was of a particularly good character, and went on abundantly for four days. As, therefore, not only a satisfactory quality, but also decided periodicity of the ovarian function appeared now to have become established, I discharged the patient from further attendance, and she left England for Italy shortly afterwards.

Artificial Rest in Pleurisy.

Dr. Roberts says, in the *Practitioner*:—In the *early* stage of the disease I would strongly recommend that a trial should be given to the plan of *mechanically fixing the entire side* by one of the methods to be now described. In order to be of any use it should be done effectually, so as to restrain the movements as much as possible, and the sooner the application is made, the more likely is it to be of service. The plan I originally adopted was the following:—Strips of adhesive plaster, from four to five inches wide, were fixed at one end, close to the spine, and then drawn tightly round the side, as

far as the middle line in front, the patient being directed to expire deeply. In this manner the whole side was included, commencing from below and proceeding upward, each succeeding strip partially overlapping the one below. One was also fixed over the shoulder. Over this layer of plaster strips of bandage of the same width were fixed in like manner, having been previously dipped in a mixture of mucilage and chalk, such as is used in the treatment of fractures. Two or three layers of these were laid on, and then heated sand-bags applied, in order to dry the application as soon as possible. This is a most effectual mode of fixing one side of the chest, while it leaves the other quite free to act; and I would, by the way, commend it to those who are called upon to treat fractured ribs. The plaster adheres firmly to the skin, and the bandages adhere to the plaster, a firm casing being formed which will remain on any length of time. With regard to pleurisy, however, I have since then adopted another plan, which, so far as the disease is concerned, seems sufficiently efficacious. It is merely to use strips of plaster, putting on two or three layers in the following manner:—The first strip is laid on obliquely *in the direction of the ribs*, the second *across the course of the ribs*, the third in the direction of the first, about half overlapping it, the fourth the same as the second, and so on until the entire side is covered. A strip is also passed over the shoulder, which is kept down by another fixed round the side across its ends. Now it is difficult positively to prove that this treatment actually checks the course of pleurisy: but, taking a common-sense view of the matter, it is not improbable that such a result is anticipated; and, from my own experience, I have not the slightest doubt but that it is brought about. I have carried it out now in a good number of cases, and in all the course and termination have been most satisfactory, while relief to the pain and other distressing symptoms has been generally immediate. I feel convinced, also, that in many of those cases of extensive pleuritic effusion which come under observation, the accumulation might have been prevented or moderated had this plan of treatment been adopted at an early period.

Absorptive Power of the Large Intestine.

The London *Medical Times and Gazette* translates from Virchow's *Archiv* the researches of Drs. Czerny and Latschenberger, on this subject.

The general results arrived at were, almost in the author's words, as follows:—*Soluble* albumen is absorbed by the human large intestine unchanged as such, the intestine itself having no action on it; and the quantity absorbed is larger the longer it remains in contact with the mucous membrane. Irritation of the latter, as was shown where repeated measurings had reddened and inflamed it, stops absorption wholly or in part. The absorption of albumen is diminished also by the presence of chloride of sodium, but the latter is itself absorbed in all conditions of the intestine. The albumen of eggs is an unsuitable form for absorption. Fat in emulsion is absorbed in quantities proportional to its concentration. Starch is also absorbed, but it is not as yet certain whether it remains chemically unchanged or is converted into sugar before absorption takes place.

It was also found that the portion of intestine used for experiment absorbed in seven hours about forty to fifty grammes of water. The largest amount of albumen which the same portion absorbed in twenty-four hours was one gramme and a half; and, as the whole large intestine is about four times as long, it follows that in twenty-four hours six grammes of a four and a half per cent solution of albumen would be absorbed. This is a quantity quite insufficient for the nourishment of a healthy man, who requires, according to Voit and Bauer, one hundred and twenty grammes per diem. Probably more would be absorbed if the concentration of the solution were increased.

The value of Czerny and Latschenberger's researches lies, of course, in the light they throw on the use of nutritive injections in various diseases. Judging from the above results, such injections are less valuable than is generally supposed; but we must beware of generalizing too much from observation on a single individual. Clinical experience has proved that life can be maintained for a considerable time by food given solely by the bowel; and we must recollect that, just as different stomachs have different digestive powers, so the large intestine may vary in its absorptiveness in different individuals. Moreover, as Leube has remarked in his experiments with pancreatic emulsions, the digesting, or rather the absorbing power of this part of the alimentary canal increases gradually with its use.

Treatment of Cerebro-Spinal Meningitis.

The advice on this subject given by Dr. Dowse, in the London *Medical Times and Gazette*, is as follows:—

1. It has to be considered how to relieve the vessels of the cord, and to equalize the action of the vaso-motor system of nerves. Nothing appears to be of greater service in effecting this than the ergot of rye and belladonna. The former he has prescribed in decided doses, such as half a drachm of the powder every four hours; and the latter he has applied to the spine in the form of a belladonna paste, made by mixing the extract with one-third its weight of glycerine.

2. To check the reflex vomiting, small pieces of ice must be swallowed, not sucked, as the full effect of its sedative influence upon the stomach is then attained.

3. To relieve constipation, Dr. Dowse prefers the administration of a pill of the watery extract of aloes, for the reason that it acts upon the mucous membrane of the rectum, and dilates the hemorrhoidal veins.

4. To relieve sleeplessness, both chloral and bromide of potassium have proved ineffectual; but what he found of most service was a suppository of eight grains of the extract of hen-bane, with four of the extract of conitum.

5. One essentially practical point must not be forgotten, namely, to keep the paralyzed bladder constantly free from urine. It is not sufficient to draw off the water night and morning, which is the course usually adopted, but a self-retaining catheter must be kept continually in the viscera.

6. In reference to diet, it ought to be both nutritive and stimulant from the first.

7. There is a stage in the treatment of this disease, when quinine in large doses becomes of the most signal value—at that crisis when exhaustion appears imminent; the skin covered with sweat; sudamina and bullæ over the body; temperature 102° to 105°; pulse small, weak, and over 120. But more especially is quinine invaluable when rigors supervene; it never fails to have a good effect. But it must be given in ten or even twenty grain doses; and if the stomach cannot tolerate it, it must be introduced into the system by the rectum.

8. The detraction of blood, either local or general, is not advisable.

Treatment of a Case of Chronic Bright's Disease.

The annexed case and its treatment we take from the London *Medical Press and Circular*. It occurred in the Belford Hospital, under the care of Dr. James W. Allan:—

Mrs. McI., aged 53, widow, a person of intemperate habits, was admitted to Belford Hospital on August 13, 1873. She stated that her trouble commenced about eight years ago. She had a dropsical swelling of the belly at that time, but she got medicine from the doctor which put it away, and she made a good recovery. About two years ago she had a similar attack, and again recovered. This present illness began about a month ago. While "tramping clothes," *i. e.*, treading in a tub filled with water and dirty linen, she took a shivering. Felt very sick, but could not vomit; had pains in the small of her back. On this, as on previous occasions of illness, the urine became scanty and high-colored, and she required to rise frequently to void it. Tormented with great thirst and harassing cough. Patient is a flabby-looking woman. On examination of her person there was found to be a considerable degree of ascites and anasarca. Pulse 72; tongue pretty clean; bowels cleared out by castor oil. Urine found to be opaque and of a dirty straw color, and having a deposit. Strong acid reaction, decidedly albuminous (nitric acid and heat). Examination of sediment under microscope revealed epithelium from bladder, lithates (crystalline and amorphous), and one or two fibrinous tube-casts, with entangled cells.

On August 16 the following treatment was prescribed:—Sinapisms to loins; occasional compound jalap powder; mixture containing quiniæ sulph. and acid. nit. hydrochlor. dil., and good diet, including four ounces of sherry.

September 7.—Patient is very much improved. Castor oil employed to keep the bowels open. She has suffered repeatedly and severely from cramps; these have been relieved after the application of flannels powdered with flowers of sulphur.

25th.—Complains of severe pains and "sleepy" feeling in right thigh. Pain in back removed by dry cupping. Saline aperients and mild diuretics were also employed in the treatment of this case; and patient was dismissed on September 28, in a very satisfactory state.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Alumni Association of the Albany Medical College is preparing a complete catalogue of the graduates. All such are requested to send their addresses promptly to Dr. Willis G. Tucker, Albany, N. Y. The Constitution and By-Laws, a neat pamphlet, will be sent them on application.

——The addresses at the last Commencement of the Georgetown University Medical Department were by Drs. R. Walsh, J. L. Elliot and Wm. H. Ross. Prof. Walsh boldly and wisely took grounds in favor of a more thorough medical instruction of the masses.

BOOK NOTICES.

A Treatise on Therapeutics, Comprising Materia Medica and Toxicology, with especial reference to the Application of the Physiological Action of Drugs to Clinical Medicine. By H. C. Wood, Jr., M. D., etc. Philadelphia: J. B. Lippincott & Co., 1874. 1 vol. 8vo, cloth. pp. 578.

This is the work of one whom the French would call *un medecin penseur*—a therapeutist who selects his drugs to meet a given case from the way they act on the body in health, from reasoning on their physiological effects, rather than from the dicta of clinical experience in disease. Indeed, the author calls the latter, somewhat contemptuously, "the old method of empiricism," and though in one paragraph of his preface he says "very much has been thus ac-

complished," in the very next one he reduces this "very much" to "scarcely anything beyond the primary facts that quinia will arrest an intermittent, that salts will purge, and that opium will lull to sleep." Surely, we have a right to expect more consistency from one who boldly flings his contradiction into the teeth of those great clinical masters of this generation, Niemeyer and Trousseau, the former of whom called this "empiricism" "the only path by which therapeutic science can be advanced," and the latter of whom made it his boast, "*Je tiens d'etre empirique.*" To exhibit drugs in disease, on account of their actions on the lower animals and on man in health, is a mere following of *a priori* assumptions, and reverses the rules of deductive science. It is a false passage, leading nowhere, or else into the patient's still healthy parts.

Conceding this radically vicious theory to the author, he certainly has worked up his subjects with no little labor and care. Of course, very much of his matter was at hand in well-known treatises; but we know too well the ear-marks of hard work in a book to deny its presence here. He avowedly sets little store by his own or any classification, and, without traveling out of our brief to discuss others, he is right about the one he has adopted. Medicines he classifies as systemic and non-systemic; the former again as general and local. Potash is a systemic remedy, soda a non-systemic one; and if the reader can guess why the distinction, either before or after reading the book, he is a smart fellow.

The work is handsomely printed on excellent paper, and the proof closely read. But if we may be pardoned a suggestion, Murray's Grammar is a good book for any man to read. Not to go further than the first paragraph of the preface, the author refers to himself, throughout it, in the third person, and throughout the second paragraph, in the first, a habit the lamented Murray disapproved. But these are trifling blemishes compared with the many points of real excellence that abound in the book.

The German Pharmacopœia. Translated by C. L. Lochman. With an Appendix Explanatory of the French Metrical System, and Tables of Weights and Measures. Philadelphia: David D. Elder & Co., 1873. 1 vol., cloth, 12mo. pp. 395. Price, $2.25.

This is a translation of the Standard Pharmacopœia of the German Empire, compiled by the leading pharmacists of the various States, in 1872. The translation is very carefully done, and the names of the substances are given in Latin, English and German. Hence it is of decided value both to pharmacists and physicians, called upon, as they often are, for medicines by their German or Latin names, and in reading works in or translated from those tongues. The arrangement is lucid, and, what deserves especial mention, four indices are given, of the English, the Latin, the German and the systematic names respectively.

Transactions of the Fourth Annual Session of the Medical Society of Virginia, 1873. Richmond, 1874. pp. 124.

Besides the Proceedings, this volume contains a number of scientific papers which will be read with interest. The address of the President, Dr. Harvey Black, was upon the duties of the State regarding irregular practitioners and adulterated medicines, and is characterized by sound sense; Dr. Robert S. Hamilton has an address on the reciprocal relations of the medical profession and communities; Dr. Thos. P. Atkinson replies to the strictures of the Boston *Medical and Surgical Journal* on his theory of the difference between whites and blacks. Of more directly scientific interest are papers by Dr. Hunter McGuire, on wounds of the peritoneum; by Dr. Wm. A. Gillespie, on intermittent and remittent fevers; by Dr. W. C. Dabney, on nitrite of amyl as an antidote to chloroform; by Dr. A. M. Fauntleroy, on chloroform in obstetrical practice; by Dr. Samuel K. Jackson, on the pathology of typhoid fevers, and others.

Half-Hour Recreations in Popular Science. No. 10. Origin of Metalliferous Deposits. By Prof. T. Sterry Hunt. The Phenomena of Sleep. By Dr. Richardson. Boston: Estes & Lauriat. Price 25 cents.

Half-Hour Recreations in Natural History. Insects of the Garden. By A. S. Packard, Jr. Boston; Estes & Lauriat. Price 25 cents.

These numbers of the Half-Hour Series are fully equal to any that have preceded them. Dr. Richardson believes that sleep arises neither from an increased nor a diminished cerebral circulation, as the two current theories say, but from a temporary change in the cerebral substance from a less to a state of greater solidity—actually the same which occurs at death, only in a less extreme degree.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 18, 1874.

D. G. BRINTON, M.D., Editor.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

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The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

THE RECENT ELECTION AT THE JEFFERSON.

The canvass which preceded the election to the chair of anatomy at the Jefferson Medical College (the result of which was announced in our last issue), was an unusually close one. There were five candidates, all gentlemen of high social and professional position, any one of whom would probably have ably filled the chair. The successful aspirant, whoever he might prove, well knew that he could regard himself but as *primus inter pares*. The College would doubtless have profited by the teachings of any one of them.

Nevertheless, we believe that in some respects the choice made by the Trustees will be peculiarly gratifying to the majority of the alumni and friends of the Institution. Dr. WILLIAM H. PANCOAST has for a number of years been identified with the course of instruction in the department in which he now succeeds his eminent father. His fitness, therefore, for the post has already been abundantly demonstrated. His personal qualities have always rendered him popular with the students, and his thorough scientific education has always commanded their respect. Furthermore—and this is no light matter—he cannot but have a filial pride in sustaining that distinguished reputation with which his father's brilliant operations and long services have surrounded the chair now vacated by him in favor of a younger generation.

While we feel no distrust but that the newly chosen Professor could alone and single handed acquit himself creditably of the duties of his post, it is nevertheless a matter of self-gratulation with us as an alumnus of the school, a sentiment which will doubtless be shared by other alumni, that this choice secures to the Institution the continued warm interest, and in a measure the personal "aid and comfort," of the recent illustrious occupant of the chair, to a more complete degree than we could otherwise have had a right to expect. Not that in any event of the election we could suppose that he would have neglected the welfare of the school;

but now that he sees "a son of his succeeding," an increased rather than an abated interest in the institution will be the natural consequence of his resignation.

We can honestly, therefore, congratulate, not only the successful aspirant himself, which we heartily do, but the College and its alumni as well, on the selection thus made by the Trustees.

THE PREVENTION OF EPIDEMICS.

The study of epidemics justly attracts the attention of the most earnest workers in State medicine. Though a material increase in the sum total of health in a given community is not likely to be attained in any very near epoch of human history, an actual prolongation of the average expectation of life, and an almost complete suspension of extensive epidemics, are goals we have a right to believe near us, as we have to a considerable degree already attained them. Life is longer than it was two centuries ago, and the last of the fearfully desolating pestilences, such as we read about in medical chronicles, was that which swept over Southern France in the days of the Regency, now a century and a half behind us.

The difficulties that stand in the way of united professional action in this matter arise largely from a misunderstanding about the meaning of the words *contagion* and *quarantine*. The former is well discussed by Dr. Austin Flint, in a recent number of the New York *Medical Journal*. This article is entitled "The Logical Proof of the Contagiousness and of the Non-Contagiousness of Diseases." He begins by distinguishing "logical proof" from demonstration; "the demonstrative proof of the contagiousness of a disease consists exclusively in its communication by inoculation." Such proof certainly exists, in the case of small-pox and several of the cutaneous diseases, for example; doubtfully in the case of measles and chicken-pox. There is abundant logical, but no demonstrative proof of the contagiousness of scarlet fever, typhus-fever, and whooping-cough; "the absence of demonstrative proof, therefore, by no means warrants the conclusion that a disease is non-contagious." This conclusion may be reached, Dr. Flint thinks, by applying the criteria which he develops in seven propositions, with special reference to epidemic cholera, though yellow-fever is also made to furnish illustrations. Summing up in regard to the former disease, he finds that cholera is non-contagious because (1) it is not communicable by immediate contact, or by impalpable emanations from the body; (2) it is not followed by fresh cases when it appears in persons who have removed from situations where it prevailed to situations which had hitherto been free from it; (3) it characteristically breaks out simultaneously in places widely separated, under circumstances precluding the possibility of contagion; (4) its epidemics are self-limited as regards duration; (5) they exhibit a progressive increase and consequent progressive decrease in the severity of the disease; (6) their diffusion over a large area is often very rapid, and their disappearance rapid and speedily complete; (7) they depend upon favoring seasons (the warm ones) and on auxiliary causes or localized conditions. At the close he points out a necessary distinction: "Let it be borne in mind that, although not contagious, cholera is a portable disease. The special cause, whatever it be, is transported in ships, clothing, merchandise, etc., and, finding local circumstances favorable for its multiplication or increase, it gives rise to cholera epidemics. The special cause is destroyed by disinfectants, and the disease may in this way be 'stamped out.'" Yellow-fever may be suppressed in the same way.

The loose and vague manner in which medical men use the word *quarantine* is justly condemned by Dr. Anstie, in the *Practitioner* for March. He says he had, for example, heard one medical man tell a mother that her child, attacked with scarlet fever, would have to be placed in quarantine several weeks, meaning thereby that it would have to be confined to the house for that period; and another medical man

inform a friend, as to a family having several members affected with measles, that the house should be quarantined for some time, meaning thereby that it would be well not to hold personal communication with the family for a few weeks. The evil arising from this growing loose use of a defined term is illustrated in many discussions where such vague and inaccurate use of the word causes a loss of time and a general doubt of the usefulness of any measures.

Quarantine is a technical term having a precise, well-understood definition, and it is desirable that it should be limited to this its proper meaning. Quarantine, the noun, according to the last edition of Webster, signifies, "specifically, the term, originally of forty days, but now of undetermined length, during which a ship arriving in port, and suspected of being infected with a malignant, contagious disease, is obliged to forbear all intercourse with the shore; hence, restraint or inhibition of intercourse to which a ship is subjected, on the presumption that she may be infected." *Quarantine*, the verb, according to the same authority, signifies, "to prohibit from intercourse with the shore, to compel to remain at a distance, as a ship from shore when suspected of having contagious disease."

In this connection, and to exhibit the general sentiment of the profession on the subject, we quote the following resolutions of the International Medical Congress at Vienna, of last year. The Presidents were Dr. ABDULLAH BEY, of Constantinople; Dr. TOMASCHICH, of Trieste; Dr. WITLACIL, of Vienna; and Prof. CAMINHOA, of Rio de Janeiro.

"1. The practice of quarantine as now carried out ought not to be maintained, because on the one hand it does not constitute a real protection (*une protection suffisante*) against contagious maladies; and on the other hand, it is directly opposed to the interests of commerce and industry.

"2. Quarantine ought to be limited to the time requisite for the examination and disinfection of the ship, the crew, and the passengers; and if there be no disease on board, the latter should be released immediately after disinfection. But if there be cholera, or sickness of a doubtful nature on board, it will be necessary to isolate and disinfect the ship also. The regulations in respect to yellow fever and plague should remain for the present as they are.

"3. Existing quarantine regulations should be modified in accordance with Resolution 2.

"4. A permanent Epidemiological Commission should be formed, for the purpose of studying fundamentally and systematically all maladies arising from infection."

In the cholera epidemic last summer, it was well shown that not the most rigid quarantine excluded the disease, but the source of failure was that a quarantine sufficiently rigid is practically impossible; and that a quarantine alone, without other and energetic sanitary measures, is and must be inefficacious.

THE LATEST ABOUT PROTOPLASM.

The contractile matter out of which the very lowest organisms of the animal world are built up was called by Dujardin, in 1835, *Sarcode*. He saw it in the form of a substance which exuded in globules or diaphanous disks around the bodies of living helminths or amœbæ placed under the microscope between two plates of glass. Max Shultze showed that this substance is identical with that out of which the cells of the highly organized mammalia are constructed, and christened it, therefore, *protoplasm*.

Omitting the many intervening investigations which have been devoted to studying the nature, origin and development of this primary form of animal life, investigations in which the names of Beale, Huxley, Barker, Brücke, Robin, and many others are concerned, we shall refer only to the latest doctrines about it, as given by Dr. Heitzmann, in the Vienna *Medicinische Presse*. He has shown that protoplasm is by no means a simple body, but is made of a complicated, net-like arrangement of fibrillæ, composed of the true "living matter," in the meshes of which a non-contractile fluid is suspended and as it were entangled. The particular form assumed by

the living matter depends upon the age of the protoplasm, and this he claims first to have studied with sufficient accuracy.

In very young amœbæ the network is very dense, there is no nucleus, and here and there are a few very minute empty meshes. In a few days they obtain a nucleus, their movements become more rapid, and their color darker. At first such little masses are homogeneous; later, by increase around the periphery, the mass enlarges, the network of living matter augments, and a cell is formed.

The younger the protoplasm, the less power of motion does it possess, but the more readily does it unite with other protoplasm. The smaller and paler the nuclèi are, the greater is the locomotive power.

The bearings of these researches on the development of bone and cartilage, and on the function of the medulla, are explained by the author, but they need not here be repeated. Probably other microscopists repeating these experiments will find it difficult to follow the demonstrations exactly, as the most practiced eye may be deceived in such minute studies.

Notes and Comments.

This Winter in Cairo.

This much vaunted health resort has been anything but agreeable this winter. A writer to the London *Times* says "the thermometer before sunrise has stood at 37, 36, 35, and even at 33°, Fahrenheit, of course. We have had a great deal of kaarnisin or sirocco, a very cold wind here in winter. It blew, I think, for twelve days in succession. There was a kind of hurricane more than once, and the sky was obliterated by the clouds of dust and light sand which were whirled along by the wind. Even when there is no gale, there is a great deal of wind in Cairo, and the drifts of dust are sometimes most distressing. A poor French General suffering from chest or throat disease was so disgusted that he took himself off to Madeira, after giving this place a trial. Only one of the bedrooms (in the hotel) has a fireplace, and, so far as I know, only one of the sitting rooms has this luxury."

The health resorts in the Riviera, and other northern coasts of the Mediterranean, are also said to have suffered unusually from high and cold winds, and snow has fallen even in Sicily.

The Areca or Betel Nut.

This nut is the best known as a dentifrice, and masticatory, very popular with the Orientals. In Bombay it is said to be used also with good effect as an anthelmintic.

The natives pick it off the tree, and *grate* it on an ordinary nutmeg grater. About a teaspoonful is administered, after the patient has fasted twelve to fourteen hours, either made up into a bolus with ghee (clarified butter) or floating on milk, the latter being the favorite method. It generally acts (without any other medicine being given) in about an hour after administration, and is efficacious for round as well as tape worms. It is used both for the human subject and dogs, in the same manner and dose.

Drunkenness and Insanity.

The last English census report says that it has been established by the observation of many authorities that intemperance is the most prolific cause of insanity, especially among the working classes. To the cases of madness resulting from habits of drunkenness on the part of the individuals themselves must be added the numerous instances in which persons owe their insanity to the intemperate habits of their parents. It is said that the fruitful source of mental disease, hereditary taint, insanity inherited from parents, is fostered by the insane being allowed to propagate their kind with scarce any effort to check so deplorable an event. Large numbers of the insane and the idiotic still remain at home, or are "boarded out," and become in many instances the agents of extending the fell malady through their offspring.

Extract of Malt.

Those physicians who would obtain the nutrient properties of beer and ale, without their alcoholic additions, should employ extract of malt. There is no formula for this in the *U. S. Pharmacopœia*, but we quote the following one from Mr. Lochman's recent translation of the German Pharmacopœia:—

Take of barley malt, bruised, and common water, each, one part. Mix, set aside for three hours, then add of common water four parts. Digest for an hour, at a temperature not exceed-

ing 65° C.; then heat the mass to the boiling point, and strain immediately by expression. Evaporate the clear liquid as rapidly as possible, stirring constantly, to the consistence of a thick extract. Extract of malt is yellowish-brown, having an agreeable sweet taste. It should be preserved in a cool place.

A ferrated extract is made by adding to 95 parts of the above two parts of pyrophosphate of iron, with citrate of ammonia previously dissolved in three parts of distilled water.

Staining Fluid.

Mr. Lawson Tait says, in the *Lancet*, in regard to a staining fluid for preparations, Boehmer's hæmatoxylin solution is given at page 93 of the fifth edition of Frey, as follows:—

℞.	1. Hæmatoxylin (crystalline),	1 grm
	Absolute alcohol,	30 c. cm
	2. Potash alum,	·5 to 1 grm
	Water,	30 c. cm.

Drop the first solution into the second until a deep violet color is produced. This solution does not keep well; and, even when its results are good, they are very evanescent, scarcely any preparation keeping its color longer than a few weeks. It is also very difficult to manage; for the tissues are easily over-colored, and even when the surplus is reduced by alum the results are not satisfactory. But when a section has been well stained by it the results are finer than with any other fluid.

My modification of the hæmatoxylin stain is, that the first solution is dropped into a five per cent. solution of nitric acid until a deep crimson solution results. The effects of this are superior to those of carmine, and are permanent.

Treatment of Chloroform Asphyxiation.

The following so-called *new* method is not so new but that it was mentioned in this journal years ago. But it is a good one, and merits repetition. The quotation is from the *Lancet*.

"Dr. Campbell, of Paris, recommends, in a late number of the *Journal de Thérapeutique*, to place persons threatened with death from inhalations of chloroform head downwards and feet upwards for between ten and fifteen minutes. He considers that death arises through syncope due to cerebral anæmia; hence the advantage of inducing an artificial cerebral congestion. The usual efforts at mechanical breathing, excitement of respiratory nerves, the drawing out of the tongue, insufflation into the lungs, etc., may be had recourse to concurrently. Dr. Campbell mentions only one case where this method succeeded; it was suggested by Nélaton during an operation performed at Paris by Marion Sims. It would appear that the late Professor Nélaton was the first surgeon who introduced this practice. The author also thinks that the inverted position tends to drive from the lungs and trachea pent-up vapors of chloroform, which were increasing the asphyxia."

Saccharate of Cod-Liver Oil.

An Italian physician, Dr. Tisiere, recommends the following as an elegant manner of exhibiting cod-liver oil:—

℞.—Gelatin. alb. (in grains),		℥j;
Aquæ destillatæ,		
Syr. simplicis,		āā ℥vj;
Sach. pulv.,		
Ol. Jecoris asell,		āā ℥xij.

Dissolve the gelatine in the water, in a sand bath, and add the syrup. Mix the sugar with the oil, to a smooth paste, and add it to the above while hot, stirring constantly till cold. Pour on a table, cut into pieces and dry in an oven. Flavors can be added as desired.

A Little-Studied Cause of Hoarseness.

The hoarseness to which many public speakers become subject is generally regarded as a symptom of some sort of laryngitis. Dr. H. Welsch, in the Bavarian *Intelligentzblatt*, points out, however, another cause which deserves to be borne in mind in treating these generally obstinate cases, and that is, that the defect of the voice occasionally arises from *partial paralysis of the crico-thyroidei* muscles. They are thus disabled from drawing down the thyroid cartilage, and the extension of the vocal cords requisite to distinct phonation is impossible. The glottis assumes a sort of funnel shape. The treatment he recommends is tincture of iodine externally, and faradization of the impaired muscles.

The Range of Intermittent Fever.

The general rule is laid down by medical geographers, that intermittent does not prevail north of 46° north latitude. (See, for example, Dr. A. Mühry, *Klimatographische Uebersicht der Erde*, p. 227.) At the last meeting of the German Association of Naturalists and Physicians, Professor Hjelt, of Helsingfors, pointed out a remarkable exception to this

in Finland, where well marked malarial fever is seen as far north as 64° 40′ north latitude. It has progressed steadily northward for thirty years past. What is not less singular, Finland will be wholly free from intermittent for seven or eight years, and then it will spread like an epidemic over the whole country, having a more marked intermittent type in the winter and early spring, changing almost to a remittent in the late summer.

The Last Camp-Follower of the Revolution.

Dr. S. R. Huniston, of Smithville, Monroe county, Indiana, sends us some particulars of William Ross, now one hundred and fourteen years old. He was born in Maryland, and served in the Revolutionary war as a waiter boy, and in the war of 1812 as a private soldier. At its close he moved to Indiana. He has ridden to town on horseback, a distance of three miles, several times this winter. He secured his second eyesight about twenty-five years ago. For a number of years he was bald, but a year ago his whole scalp became covered with a new crop of fine gray hair. He has chewed tobacco from boyhood, and is still physically quite active.

Effects of Extirpation of the Mammary Glands.

In the first number of Professor Pajot's *Annales de Gynecologie* is an account of some curious experiments by M. de Sinety. The Indian pig has but two mammæ; when these are extirpated no serious results follow to the life of the animal. If the operation is performed during lactation, sugar does not appear in the urine, but fatty globules become visible. More curious, the whole number, ten in all, on whom he experimented, remained sterile after the operation. Whether the sterility was permanent, could not yet be decided.

Correspondence.

Nux Vomica in Obstetrics.

Ed. Med. and Surg. Reporter:—

Careful observation, made during a practice of thirty years, has demonstrated to me one fact which I deem of sufficient importance to be worthy of communicating to others through your valuable journal, viz., that nux vomica is an extremely useful medicine in labor. I advise my fellow practitioners to test it, guided as they may be by their knowledge of the therapeutical qualities of the drug, giving, in ordinary cases, two or three doses of about three grains each, one every half hour. Soon they will be convinced that it alleviates suffering, and, in cases where the pains are irregular, they will give at once six or eight grains. I predict that they will thereafter cease to use often either morphine, chloroform, chloral, ergot, or quinine, as the nux vomica, at the same time, meets the *various* indications for which they are given. During the last four months I have given it in thirty cases, and all did well without the use of forceps, and I am so satisfied that the medicine renders the pains efficient, and at the same time bearable, that I think I may almost always get along without instruments. I prefer the powdered nux, but it is possible that other forms of the medicine which are more easily taken may be as well. S. P. Sackett, M. D.

Ithaca, N. Y., March 4, 1874.

News and Miscellany.

The Surgeon General on the Medical Department of the Centennial.

The following letter from the Surgeon General to the Chairman of the Committee on Classification, of the Centennial Exhibition of 1876, will be perused with interest. Along with all other liberal and enlightened scientific men, Surgeon General Barnes is deeply interested in the success of this national undertaking:—

War Department,
Surgeon General's Office,
Washington, D. C., June 25, 1873.

Sir:—I have carefully examined the pamphlet containing the system of classification adopted by the United States Centennial Commission, which accompanied your letter of April 30, 1873. It appears to me highly desirable that all the objects relating to the science of medicine (including surgery and hygiene) should be embraced in a single group and exhibited together, rather than scattered throughout many groups. I am sure that no other arrangement will be generally satisfactory to medical men throughout the world.

The group would naturally be "Group 101" in the plan of the Commission, and should be entitled "Medicine," (not sanitary).

I inclose an outline classification of this group, which appears to embrace the whole subject, and should this outline prove acceptable to the Commission, I will take pleasure in supplying details. (Please return this proposed outline grouping with your reply).

Very respectfully, your obedient servant,

C. H. Crane,
Assistant Surgeon General, for the Surgeon General.

MEDICINES.

First.—Medicines.

1. Officinal. (In any authoritative pharmacopœia). *a.* Articles of the *materia medica.* *b.* Preparations.

2. Unofficinal. *a.* New remedies. *b.* Patent medicines. *c.* Miscellaneous.

Second. Dietetic preparations (as beef-extracts and other articles intended especially for the sick).

Third. Pharmaceutical apparatus. (Including apparatus for use on the large scale as well as that intended especially for apothecaries).

Fourth. Instruments for physical diagnosis (such as clinical thermometers, stethoscopes, ophthalmoscopes, etc., except clinical microscopes, which should be exhibited with other microscopes in the section for optical apparatus).

Fifth. Surgical instruments and appliances (including, besides instruments, dressing apparatus for deformities, prothetic apparatus).

Sixth. Obstetrical instruments and appliances.

Seventh. Dental instruments and appliances.

Eighth. Vehicles and appliances for the transportation of the sick and wounded. (Both during peace and war, on shore and at sea).

Ninth. Hospitals and their equipments. (Including temporary and permanent military hospitals; civil hospitals for general purposes and for special purposes, such as for the treatment of the insane, for lying-in-women, for the eye, for venereal, for contagious diseases, etc., dispensaries, and asylums).

Tenth. Hygiene, public and private. (Including everything that relates to quarantine and the sanitary laws and regulations of communities).

Eleventh. Means of medical and surgical instructions.

1. General and special medical schools (including plans of buildings, etc.)
2. Medical and surgical museums.
3. Medical libraries, books, and journals.

An appropriation has been made by the Philadelphia County Medical Society to help the cause.

The Louisiana State Lunatic Asylum.

The Board of Trustees of the State Lunatic Asylum, located at Jackson, Louisiana, at their meeting in New Orleans, on the 1st inst., elected Dr. J. Welch Jones as Superintendent of that Institution for the ensuing two years.

No better selection could have been made. Dr. Jones stands high in his profession, and is a gentleman every way qualified to discharge its duties with credit, and to extend the most enlightened treatment to the unfortunates entrusted to his care.

The Franklin Reformatory Home for Inebriates, Philadelphia.

The Superintendent's report states that the admissions to the Home during the year were 112, of whom 44 were readmitted. The present status of the inmates is as follows: Permanently reformed, 60; benefited, 14; unknown, 1; permanent reformation doubtful, 33. Four have died.

Correction.

Cur. vol., p. 301, col. 1, line 5, substitute for "forming a puncture" the word "juncture."

Wills Ophthalmic Hospital.

The annual report of this institution, located in this city, for 1873, shows that the total number of patients, or of those accommodated in the hospital, and of those resorting to the clinics from day to day, was 3504; nearly 1000 more than in 1872. Of the whole number of patients, 318 were admitted to the hospital. The number of operations performed was 587, of which 311 were for affections of the lids of the eye.

Retorts Professional.

Two eminent physicians of London, Drs. Mead and Woodward, fought a duel; Mead disarmed Woodward, and bade him beg for his life. "Never till I am your patient!" said Woodward.

This is equaled by the reply of Trousseau, to a celebrated homeopathist of Paris. The latter said, "M. Trousseau, all your patients are running to me." "And all yours," replied the great Professor, "are *being carried* to me."

The Sewing Machine Question.

A committee of the New York Legislature has favorably reported, prohibiting the use of any crank treadle on any machine intended to be operated by the foot or feet of working women, and punishing by fine any manufacturer or employer who makes such treadles or causes them to be used. But the *patent* treadle does not come under the prohibitory provision of the law, and will, therefore, be, in the event of the enactment thereof, the only treadle which can be lawfully used.

This smells of jobbery.

Medical Humor.

When Professor Traube celebrated his five-and-twentieth anniversary as head physician at the Charity Hospital, Berlin, last February, the internes and students held a "commers," or, as we might say, a "bust," at which numberless seitels of beer and schoppens of wine were emptied, while the comic muse was invoked to enliven the scene. For the benefit of our German readers we quote a pair of verses from one of the songs:—

Wenn nach vielen tausend Jahren
Stets auf Gummirädern fahren
Selbst die ärmsten medici—
Wenn des eignen Herzens Schwirren
Mit dem Herzohr ohne irren
Hört ein künftiges Genie—
:,: Dann ade, ade, ade :,: dann ade Schatz, lebewohl!

Wenn trotz Leberthran, Lippspringe
Die Lungenspitze guter Dinge
Tuberkelkäse producirt—
Wenn hier grosse Blasen springen,
Die noch gar metallisch klingen,
Wenn das Fieber hektisch wird,—
:,: Dann ade, ade, ade :,: dann ade Freund, lebewohl!

—The surgeons who served in the Confederate army will hold a convention at Atlanta, Ga., on the 20th of May, to arrange for the publication of important medical and surgical facts developed during their war experience.

Personal.

—Dr. G. T. Morton, who for fifteen years has been visiting physician at the Wills Hospital, this city, presented his resignation, April 7th, asking to be relieved from further attendance through an increase in private practice. His resignation was accepted, and the gentleman appointed emeritus surgeon. By a previous resolution of the board, the vacancy will not be filled, as there are still nine surgeons in attendance.

—The Board of Trustees of the Philadelphia College of Pharmacy, at a late meeting, unanimously elected Joseph P. Remington professor of theory and practice of pharmacy, to fill the vacancy caused by the death of the late Professor William Proctor, Jr. Mr. Remington is a graduate of the college, and has for the last three years filled the position of assistant professor to the chair. He is a Philadelphian by birth.

—M. Ricord has just returned from Constantinople, whither he went on a professional visit to the Sultan. His advice must have been successful, as he has been presented by the Sultan with the order of Commander of the Medjidié; but we did suppose the Sultan, at least, would not need the services of a gentleman of M. Ricord's specialty!

—Sister Mary Ursula, one of the oldest Sisters of Charity in the United States, died at Mount Hope Retreat, near Baltimore, April 6th, aged seventy-one years. Deceased, whose family name was Elizabeth Mattingly, was active as a Sister of Charity for nearly fifty years, and labored in the hospitals of Brooklyn, New York, Buffalo, and Richmond, Va.

—On March 18th, the death of Dr. Joulin took place, at his residence in Paris, from congestion of the brain. He was one of the leading accoucheurs of Paris, an *Agrégé* of the Faculty of Medicine, and founder of an obstetrical journal that bore his name.

—Susan Morton Quincy and Lucretia Goddard, aged respectively twelve and ten years, daughters of Dr. B. A. Gould, of Boston, were drowned, with their female attendants, while bathing, near Cordova, in the Argentine Republic, in February.

— Francis Viele, an old physician of Elizabeth, N. J., died at his residence in that city, on Thursday morning.

—Dr. H. M. Wick, of New Bethlehem, Clarion county, Pa., died on the 15th ult., in the 60th year of his age.

—Great anxiety appears to exist in the Argentine Confederation with regard to the possible outbreak of cholera there.

—In 1870 there were in the United States 1996 professional undertakers, of whom twenty were women.

—Forty cases of small-pox are reported in the small village of South Windham, Conn.

QUERIES AND REPLIES.

Dr. A. K., of Iowa.—We can furnish you a complete set of the REPORTER, if desired.

Dr. W. H. V., of Wis.—Fordyce Barker's work costs $5.00.

Dr. W. T., of Mo.—The name "wild tea" is applied to several species of plants. We will try to ascertain the variety you refer to as used in cancer.

OBITUARY.

DR. HENRY MILLER.

At a stated meeting of the College of Physicians of Philadelphia, held April 1, 1874, Prof. Gross announced the death of Prof. Henry Miller, of Louisville, Ky., and offered the following preamble and resolutions, which were adopted:—

"*Whereas*, The College of Physicians of Philadelphia has heard with profound regret of the death of Prof. Henry Miller, M. D., of Louisville, Kentucky, an Associate of this College; and whereas it is meet and proper, when a great and good man dies, that his surviving friends should record their opinion and feelings of his worth; therefore, be it

"*Resolved*, That in the death of Dr. Henry Miller, for nearly a third of a century Professor of Midwifery, first in the University of Louisville, and afterwards in the Louisville Medical College, medical science has lost one of its most zealous votaries, obstetric medicine one of its most instructive and lucid expounders, and American authorship one of its most able and distinguished writers.

"*Resolved*, That a minute of these proceedings be recorded upon the books of this College, as a mark of our appreciation of the worth of our deceased associate; that a notice of them be published in the medical journals of this city, and also that the Secretary be instructed to send a copy of them to the family of the late Professor Miller, with the assurance of our heartfelt sympathy in their bereavement."

JOHN H. PACKARD, *Secretary*.

MARRIAGES.

GOODMAN—GEARY.—On the 9th instant, at the residence of James W. Bosler, Carlisle, Pa., by T. H. Robinson, D D., Henry Earnest Goodman, M. D., of Philadelphia, and Mary C. Geary, of Harrisburg. No cards.

HUNTER—HAYES.—On the 9th instant, by the Rev. Dr. Blackwood, Thomas Hunter, M. D., and Margaret H., daughter of William Hayes, all of this city.

MACDONALD—HARDY.—On Tuesday, March 24, by Rev. A. H. Partridge, Carlos M. MacDonald, M. D., of Flatbush, and Alice M. Hardy, of Brooklyn, N. Y.

MARSLAND—CHURCH.—On Monday, 30th March, by Rev. Dr. Colton, at St. Stephen's Church, Wilkesbarre, Pa., George Marsland, M. D., of this city, and Lucinda, only daughter of the late Addison C. Church, Esq., Magistrate of the County of Luzerne, Penn'a.

MATLACK—JAMES.—On the 25th ult., by the Hon. William S. Stokley, Mayor of the city, Richard B. Matlack, M. D., and Miss R. Anna James, both of Chester county, Pa.

DEATHS.

BLACK.—In Pittsburgh, on Friday, noon, March 20th, 1874, Margaret Watson, wife of Alex. Black, M. D., in the 54th year of her age.

HUBBS.—In Brooklyn, on Tuesday, March 31, of heart disease, Dr. William N. Hubbs, aged 47 years, 2 months, and 14 days.

KEACH.—In Passumpsic, Vt., March 5th, Dr. John Keach, aged 87 years.

WHITE.—In this city, April 2, 1874, Isabella, wife of Dr. Edward White, and daughter of Rudolph Garrigue, in the 21st year of her age.

METCALF.—At Huimanguillo, Mexico, Jan. 11, 1874, Dr. Edward Augustus Metcalf, formerly of Kinderhook, N. Y., in the 49th year of his age.

THE

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Original Department.

Lecture.

CLINICAL LECTURE.

BY WILLIAM PEPPER, M. D.,

Clinical Professor of Medicine in the University of Pennsylvania.

REPORTED BY DR. LOUIS STARR.

Pulmonary Emphysema.

Gentlemen:—The frequency with which pulmonary emphysema occurs in all parts of the world, as well as the severity of its symptoms and consequences, fully warrants a careful consideration of its pathology, diagnosis, and treatment. There are two distinct forms of this disease. The first of these consists of an accumulation of air in the meshes of the areolar tissue which connects together the pulmonary lobules and joins the pleura to the superficies of the lungs; it is due to rupture of one or more air cells, and is called *interstitial* and *sub-pleural* emphysema. This is analogous to the extravasation of air into the subcutaneous connective tissue, and is most commonly met with in children, being comparatively rare in adults, except when it is produced by penetrating wounds of the thorax. The second form may be defined to be a permanent and excessive dilatation of the air vesicles, which, in consequence, occupy a much larger space than in health. This condition is called incorrectly *vesicular* or *pulmonary* emphysema, the actual pathological change being better indicated by the simple term *dilatation of the air-cells*. It is developed, in the majority of instances, after middle age, but sometimes begins in infancy and continues throughout life.

Vesicular emphysema, the form of the disease to which your attention will be directed to-day, affects most frequently the air cells situated at the apex and along the anterior margin of each lung, those composing the lateral and posterior portions being only involved in extreme and long standing cases. The emphysematous patches are less contractile, and crepitate less on pressure than normal lung structure; they give also a dry and doughy feel to the finger, and are elevated above the surrounding tissue. The affected vesicles vary much in size, being sometimes only slightly larger than in health, while at others, large air blebs are formed by the rupture of the intercellular septa and the coalescence of several cells. When the dilatation is great and extensively diffused, the whole chest is distended, the heart is pushed downward towards the epigastrium, the diaphragm is flattened, and the liver, stomach, and spleen are displaced. On microscopical examination, besides the vesicular alterations described, the capillaries of the pulmonary arteries are found to be atrophied, compressed, or lacerated, giving rise to the dry and anæmic condition of the pulmonary tissue.

The symptoms of this disease are well illustrated in the patient before you; his history is as follows:—

M. K., 37 years of age, of intemperate habits, was admitted to the Philadelphia Hospital on October 14th, 1873. During the past five years he has been engaged as a furnace tender in a rolling mill, an occupation which required much exertion with the shoulders and arms, and at which he was often confined for fourteen hours a day. He has a healthy family record, and enjoyed fair health himself until the winter of

1870, when he began to suffer from pain in the chest, shortness of breath on exertion, and cough. The pain soon disappeared, but the other symptoms increased so rapidly that after two or three weeks he was obliged to give up work, and has never been able to resume it since.

For the last three years the cough has been nearly continuous, and has been accompanied by a muco-purulent expectoration, and, upon several occasions, by slight hæmoptysis; the dyspnœa has also grown steadily worse, and he has had frequent attacks of asthma. At present he is weak and emaciated, his lips are livid, his hands become blue when they are allowed to hang down for a short time, and his fingers are clubbed at their extremities. The cough and difficulty of breathing, irrespective of the asthmatic paroxysms, which are especially liable to occur after changes in the weather, are most marked in the afternoon and evening, the dyspnœa being sufficiently severe at night to necessitate his sleeping in an upright position. Expectoration is most free in the morning. In addition to the regular asthmatic seizures, he frequently has paroxysms of violent and straining cough. On inspection his chest is observed to be large and globular, contrasting strongly with the emaciated state of the arms; this shape is due to the arching of the spine, the elevation of the ribs and sternum, and the filling out of the intercostal spaces. There is little or no expansion of the chest on inspiration, and the respiratory movements are limited to an elevation and depression of the thorax. The apex beat of the heart is situated at the epigastrium. Percussion over either lung develops exaggerated vesiculo-tympanitic resonance; this is most marked in the antero-lateral regions; it extends over the præcordia, and two inches lower down on the right side than normal.

The rhythm of the respiratory murmur is changed, the sound of expiration being even stronger and more prolonged than that of inspiration; both acts are attended by loud, sonorous and sibilant rāles, some of which can be heard when the ear is held four or five inches from the chest.

From the study of this case you perceive that the prominent general symptoms of emphysema are dyspnœa and cough. Labored breathing is at first only noticed when the respirations are hurried, as after rapid walking or running, but when the disease is fully established, although increased by exertion, it is habitual, and at times even amounts to orthopnœa. As chronic bronchitis nearly always coexists, cough and expectoration are constantly present; the cough is sometimes paroxysmal, and may even resemble the "kinks" of pertussis; the associated acts of expectoration are difficult, and the sputa consists of frothy mucus or muco-purulent matter; it is sometimes streaked with blood. The bronchial irritation also predisposes to attacks of spasmodic asthma, during which the dyspnœa is very much augmented; the patient grasps at some solid support in order to bring all the accessory muscles of respiration into play; the veins of the neck are distended and the face is congested and swollen. Such attacks are most common at night, and usually take place after atmospheric changes. Slight hæmoptysis, due to tearing of the blood-vessels from the atrophy and rupture of the inter-vesicular septa, often occurs, and may lead to the supposition of phthisis if the other symptoms are not properly investigated. The general health always suffers severely from the loss of sleep and imperfect aeration of the blood.

The signs elicited by physical exploration are valuable aids in the diagnosis. When the dilatation of the air cells is extensive enough to increase the volume of the lungs considerably, the walls of the thorax are affected, and the so-called "emphysematous chest" is produced. This is characterized by a globular or barrel-shaped expansion of the upper two-thirds of the chest, an elevation of the ribs and sternum, and an arching of the dorsal spine. The chest is permanently drawn upwards by contraction of the sterno-cleido-mastoid and scaleni muscles, an effect which is further increased by the more horizontal position of the ribs due to the excessive expansion of the lungs, so that the neck appears to be shortened, while the curvature of the spine gives rise to a forward inclination of the head and to a rounding of the shoulders. The intercostal spaces are often slightly bulging, and the whole chest has the same appearance, even during expiration, as it has in health at the end of forced inspiration. When a deep breath is taken the lower anterior portion of the chest is often contracted, the supra-sternal space and the supra-clavicular regions are depressed, and the thorax is lifted upward as if it consisted of a single piece. You would naturally suppose that the alterations in the size of the lungs would occasion displacement of the heart and abdominal viscera; and we find, in fact, that the apex beat of the heart is often situated in the neighborhood

of the epigastrium, and that there is more or less resonance on percussion over the normal positions of cardiac, hepatic and splenic dullness.

The pulmonary resonance is either exaggerated, vesiculo-tympanitic, or tympanitic; the latter quality is rarely of such large volume or pure tympanitic quality as the sound obtained by percussing over a distended stomach or large tuberculous cavity. The respiratory murmur is weakened and its rhythm is changed; thus the murmur of inspiration is deferred, while that of expiration is slowly evolved and more prolonged than the former; there is usually no variation, however, in the pitch of either sound. Sonorous and sibilant rāles can also be generally heard. These signs, obtained by auscultation and percussion, are present on both sides of the chest, although they may be more extreme on one side than the other.

Vesicular emphysema is often produced by long-continued and violent muscular exertion, especially with the shoulders and arms in lifting and pulling, or by prolonged and repeated paroxysms of coughing. Both of these causes act in the same way, and in considering their mechanism it must be remembered that certain portions of the lungs are well supported by the firm chest walls, while others, and especially the anterior margins and apices, have scarcely any support at all. Now, in raising a weight, a deep inspiration is taken, the glottis is closed, and all the muscles required for the act are brought to bear upon the distended thorax as a point of resistance; this, of course, is subjected to compression, and the contained air not being able to further stretch the vesicles situated at the inferior and lateral portions of the chest, where the resistance is greatest, is driven upward into the unsupported cells of the anterior margins and apices, which become dilated, and so remain until the effort is over and the glottis opens. When, therefore, this distention is often repeated, the air cells gradually lose their elasticity and remain permanently dilated.

In coughing a deep breath is taken, the glottis is contracted, and there is a violent and abrupt expiratory effort; this expels the air with so much velocity that it is unable to escape with sufficient freedom, and a portion is forced into the upper and anterior part of the lungs; not only because the muscles involved in coughing act especially upon the inferior portions of the chest, but on account of the support furnished by the chest walls being greatest in that situation. The direction and size of the bronchial tubes also exert an influence in directing the current of air.

The most frequent complications of emphysema are asthma, pneumonia and acute catarrh of the bronchial mucous membrane, but these are less serious than the effect often produced upon the right side of the heart by the obstructed pulmonary circulation. This obstruction occasions moderate hypertrophy of the right ventricle, followed by dilatation, tricuspid insufficiency, and general venous congestion, with all its consequences.

When dilatation of the air cells occurs in early childhood, there is great probability of its disappearing entirely during the process of development of the lungs, but if it begins after adolescence, the prognosis as regards a cure is unfavorable, though the severity of the symptoms may be relieved, and life rendered much more comfortable by appropriate treatment. The indications for treatment are, to improve the tone and nutrition of the pulmonary tissue; to remove the chronic bronchitis, which is nearly always associated, and to prevent the recurrence of asthmatic paroxysms. The first indication is best fulfilled by such medicines as cod liver oil, iron, quinine and arsenic, combined with careful attention to the food and clothing, as well as to every hygienic influence. Of all of these, none is of more importance than the selection of a suitable climate, especially during the fall and winter months. This course must be persevered in for months or even for years. Cod liver oil is also useful in treating the bronchial complication; most benefit, however, will be derived from the administration of alkalies with stimulating and alterative expectorants, as in the following combinations:—

℞. Potass. iodidi, ʒij
Syr. senegæ,
Ext. prun. virg. fld.
Aquæ, āā fl ʒj. M.

Sig. Teaspoonful three or four times daily, in water. Or:—

℞. Ammon. muriat. ʒij
Syr. senegæ, fl ʒv
Mist. glyc. comp. q. s. ad. fl ʒv. M.

Sig. Two teaspoonfuls three or four times daily.

The first formula is to be used when the expectoration is free, and the second, a more stimulating one, when it is thick and scanty. Good

results are also obtained from the balsamic preparations.

To ward off the asthmatic attacks, antispasmodics, such as the bromides of potassium and ammonium, or lobelia, should be used, either alone or incorporated with the cough mixtures. Another excellent remedy for this purpose is atropia; it may be given by the mouth, or hypodermically, in doses ranging from one-eightieth of a grain to one-fortieth of a grain three times a day, and continued until dryness of the throat, dilatation of the pupils, or the belladonna rash is produced. When a paroxysm occurs, it may at times be arrested by the inhalation of the vapor of ether or chloroform; marked relief is also often obtained by impregnating the air about the patient with the fumes of stramonium or hyoscyamus, and sometimes the attack may be checked by the internal administration of Hoffmann's anodyne or spirit of chloroform.

Post-mortem Examination of a Case of Thoracic Aneurism.

I am glad to have the opportunity of exhibiting a very interesting specimen obtained from the patient H———, whose case formed the text of the lecture on thoracic aneurism. You will remember that when this patient was before you the physical signs of aneurism of the thoracic aorta were well developed, while the symptoms of pressure were almost entirely absent, slight huskiness of the voice and inequality of the radial pulses being alone noticed. A short time after this (Oct. 4th) the area of bulging observed at the upper part of his chest began to grow larger; it gradually extended over to the right of the sternum, but the increase was most marked on the left side, the point of greatest prominence being situated in the third left intercostal space, one inch from the edge of the sternum. This point was soft and boggy to the touch, and felt as if a slight force would be sufficient to break through the thin layer of tissue separating the finger from the pulsating mass below. Together with the enlargement of the tumor the results of pressure upon the adjacent organs began to be manifested. For two weeks before death he had much difficulty in swallowing, and lost flesh rapidly; his breathing became stridulous, and the dyspnoea was so intense in the recumbent position that he was obliged to sit up in bed and bend forward; the right radial pulse became much smaller than the left, and there was great pain in the region of the aneurism.

Death occurred suddenly on March 30th.

At the autopsy, which was made twenty-four hours after death, the liver, spleen, kidneys, and intestines were found to be in their normal condition. On opening the thorax a large aneurismal tumor was observed extending from the base of the heart obliquely across and a short distance to the right of the sternum, to which it was firmly adherent. The mass sprang from the aorta, and had in its growth displaced the heart downward and to the left. The tumor was six inches in transverse, seven inches in oblique, and three and a half to four inches in antero-posterior diameter. The heart itself weighed fourteen ounces; the walls of the left ventricle were hypertrophied, but not nearly to so great an extent as they often are in cases of mitral regurgitation or aortic obstruction. The leaflets of the mitral, tricuspid, and pulmonary valves were healthy, and those of the aortic valve, though slightly thickened along their edges, were fully competent. The aorta was markedly degenerated, its walls being rigid, and numerous patches of atheroma standing out prominently from its blood-stained internal coat. Three inches above the aortic valve, on the anterior surface of the vessel, was a circular opening, two inches and a half in diameter, communicating with the cavity of the aneurism. This cavity was largely filled with successive layers of clotted blood, the more exterior of which were light colored, firm, and organized, while those towards the interior were recently formed, dark and soft. At the upper anterior part of the aneurism the laminated clot had become softened, and in this position there was a perforation in the sac through which the finger could readily be passed. The tissue of the left lung was torn and infiltrated with blood; a quantity of blood was also found in the left pleural cavity. With this exception the lungs were perfectly normal. The trachea and œsophagus were without adhesions to the tumor or ulcerations from its pressure. The left pneumogastric nerve was adherent, but could be easily dissected free; its fibres were healthy.

Taking all things into consideration, this specimen illustrates, in a most complete manner, the physical signs and symptoms detected during life, and at the same time explains the cause of the sudden fatal termination.

—Twenty dollars a day is the amount of fine incurred by the law of Nova Scotia, going in force on the first of May, for practicing medicine without being registered.

Communications.

AFTER-TREATMENT BY MERCURY IN GRAVE INJURIES AND LIFE-JEOPARDING SURGICAL OPERATIONS.

BY M. L. KNAPP, M.D.,
Of Cadereyta, Nuevo Leon, Mexico.

(*Concluded from No.* 894.)

CASE V.—TETANUS, MAL DE ARCO, SPANISH.

A lad, some seven years of age, had a fall as school let out; fell, heels over head, off the door-step, to the great amusement of his hilarious schoolmates. He did not complain of being hurt by the fall, but the next morning he awoke with tetanic spasms, and I was called to attend him. I considered it traumatic tetanus, arising from lesion of the spinal nerves. The spasms were violent, particularly of the right side, the muscles of which were mostly in a state of tonic spasm. The right forearm was flexible, the whole of the left arm, and both legs. Most of the muscles of the trunk were rigid, the decubitus inclining to the right side, and more emphatically so under the spasms, which tended to opisthotonos. Trismus was not present, nor were any muscles of the face distorted. Feeling the pulse would throw the little sufferer into a spasm, and also thrusting out the tongue, taking drink, food or medicine. The pulse was quick, and very much accelerated under the spasms.

After evacuating the bowels by an enema, I put the boy on calomel and opium, in doses appropriate to his age, and also ordered him washed, and strong mercurial ointment to be rubbed in epidermically, twice a day. In three days he was ptyalized, when the paroxysms began to assume a more moderate degree of violence. The salivation was distinctly marked, but did not prove excessive. No more mercury was given throughout the treatment. The case went on gradually improving, under almost no further treatment, save a little morphine, to calm irritability and procure sleep, occasional injections, and a milk diet. Oranges and lemons were allowed freely.

At the end of a month the spasms had ceased and the boy was able to walk about, and soon went to the country. Two years have now elapsed and he remains well.

Having treated sundry cases of tetanus previously, both idiopathic and traumatic, and never having resorted to mercury, and every case having proved fatal under the round of other remedies, I resolved to try mercury alone in this case, and have abundant reason to be satisfied. I should have said that a blister was applied to the back of the neck after ptyalism was produced.

CASE VI.—CATALEPSY.

A young married woman, of about twenty years of age, was thrown from a cart in fording the River San Juan, and somewhat bruised on the head, badly ducked, and rode to the city, two leagues, in her wet clothes. She was not laid up, but was generally worsted by the accident, and the menstrual flow, which was present, was suppressed. Three or four days after the occurrence I was summoned to attend her, and found her in a state of insensibility and complete general catalepsy. Both arms and both legs, as well as the head, would remain in whatever position they were placed. The weight of the leg would not flex it at the knee joint when extended horizontally and not resting on the bed. The arms would not fall when extended horizontally. The heat of the body was natural, and the pulse but little accelerated, but the history and features of the case led me to think there must be great congestion and irritation, if not inflammation, of the brain; so I salivated her with dispatch, and she recovered in about two weeks. Subsequently, however, she relapsed, fell under the care of another physician, and died. This is the only case of perfect catalepsy that has come under my observation in fifty years of practice, so that I have no experience, except in the treatment of this case. Should another offer, I should treat it in the same manner, with mercury, believing the seat of this strange malady to be in the brain, a more or less inflamed condition of the cerebellum, probably. After this case relapsed, some months after I had retired, it took on the same general aspect, and lingered some three or four months before death ensued. I saw it occasionally, from curiosity. The limbs became rigidly flexed and could not be extended, the fingers clenched so that the hands could not be opened, emaciation extreme, unconsciousness persistent, and so this extraordinary case ended. I have seen rigidity of the muscles of the arms in cerebritis, with unconsciousness; I have seen rigidity of the muscles of the trunk in tetanus, with partial and complete unconsciousness; but I never before saw rigidity of all the muscles of the system, with perfect loss of sense, and this condition enduring for months.

CASE VII.—COMPOUND FRACTURE OF THE CRANIUM.

A healthy man, of thirty-five years of age, was struck with a hoe upon the left parietal bone, and the skull cut through and shattered. He lay insensible for some time, but gradually recovered his consciousness. It occurred at 10 o'clock A. M., and the authorities ordered me to assist him at his residence, some six leagues from the city. I reached there just at night-fall, and, on examining the case, found I would have to trephine, and sent a messenger for my instruments.

Early on the following morning I operated, the patient sensible and complaining of great suffering, the right arm paralyzed. The fracture was not extensive, but of the nature of a punctured fracture, and the depressed spiculæ could not be extracted without an operation. I removed some twelve or fourteen pieces of bone, mostly of the shattered internal table, and elevated a depressed portion at the posterior angle, shattered by the poll of the hoe. The patient expressed great relief immediately after the operation, and could move his right arm.

After-treatment.—The patient was ordered calomel and opium every six hours. The next day he was removed to the city. The fourth day he was under the constitutional effect of mercury, in a moderate degree, and progressed well in his convalescence to the complete cicatrization of the wound, which took place about four months from the time of the injury.

Now, there may have been no need of mercury in this case, but, as a prophylactic against inflammation, I think its administration was justifiable. Compound fracture of the cranium is followed very generally by inflammation of the brain (Sir Astler Cooper), and we know that it cannot progress, and believe it cannot be set up, with the system under the constitutional effect of mercury.

CASE VIII.—COMPOUND FRACTURE OF THE CRANIUM.

A peon was hit on the forehead—superior part of the os frontis—with a sharp stone, hurled by an outraged fellow-peon, and the skull cut through, about two inches in extent. He was brought to the city the following day, and the authorities ordered me to attend to the case. I operated on the morning of the third day, the patient not wholly insensible, applying one crown only of the trephine, which enabled me to extract all the shattered fragments of bone, and dress the wound properly.

The *after-treatment* in this case was by mercury, as in the preceding case, and resulted in a perfect cure. Ptyalism was produced on the third day after the operation, which I considered an insurance on the peon's life, he being indebted to his master some four hundred dollars.

CASE IX.—GUN-SHOT WOUND OF ELBOW JOINT.

A passenger by diligence, from Matamoros to Monterey, was struck by a rifle ball in the elbow joint, fired by a sportsman hunting rabbits, near this city. A rabbit was killed, and the ball glanced and entered the passenger's elbow joint, in the sulcus, between the outer condyle of the humerus, head of the radius, and olecranon process of the ulna. The authorities ordered me to attend the case.

I saw the man an hour after the accident. The synovial liquor was being discharged freely. Cold-water dressings, rest, low diet and purging, constituted the treatment until the fourth day, when inflammation, with intense pain, supervened, yet without much tumefaction. Vigorous treatment by the lancet, and calomel and opium, was now instituted, and in two days ptyalism appeared, when the excessive pain and other inflammatory symptoms abated. The case terminated in complete recovery, the ball remaining in the arm. The stranger left the city in about a month, the sportsman having to pay his bill. Without the after treatment by mercury, the case would probably have resulted in the loss of the limb, or the loss of life, as in the following case.

CASE X.—GUN-SHOT WOUND OF ELBOW JOINT.

Two shepherds fell out while guarding their goats, and one shot the other through the elbow joint. It occurred in the adjoining Fraction, or District of Pesqueria, and was attended by the physician residing there, some twenty-five miles from Cadereyta. On the fifth day the Alcalde at Pesqueria ordered my attendance in consultation. I found the arm of the young shepherd (a youngster of eighteen years of age) so enormously swollen that amputation seemed unjustifiable at the moment. The patient was bled and purged very freely, and the cold-water dressings continued, and the next morning seemed somewhat relieved. I counseled the attending surgeon to push the mercurial treatment vigorously, and left for home. He was called away from the village and detained, and the shepherd's case was neglected. In a few days I was sent for again, and found the case hopelessly

agonizing in tetanus. The mercurial treatment had not even been begun, save the calomel purging which I had administered in my first visit.

CASE XI.—GUN-SHOT WOUND THROUGH THE THORAX.

A captain of cavalry was shot through the thorax in a skirmish at the village of Guadaloupe, near Monterey, during the French invasion, and with others wounded, was retreated to the village of Ramos, some forty miles north of Cadereyta. I was ordered by the general in command to visit the wounded in consultation with the surgeon of the regiment. I saw him on the third day, and found the ball had entered the thorax on the right side, behind and above the nipple, and had made its exit from the left side, about two inches behind and above the left nipple, and had struck the left arm on the inner side, causing a contusion, but not entering. How the ball got past the heart and great vessels without wounding them is a mystery.

After-treatment.—The mercurial treatment was instituted and thoroughly carried out in this unpromising case, and the result was a complete recovery. The captain is living to this day, and in good health. The case reminded me of that of General Shields, of Illinois, who was shot through the thorax, fore and aft, with a grape-shot, in the Mexican war, and lived, I suppose, without the administration of mercury.

CASE XII.—GUN-SHOT WOUND OF THE ABDOMEN.

A man of middle age received a shot in the abdomen from a pistol, fired at the distance of five or six paces, and the authorities ordered me to attend him. I saw him an hour after the infliction of the wound. He had vomited freely, and seemed very much exhausted. The ball entered about two inches above and to the right of the umbilicus, through the body of the right rectus abdominis muscle. I passed the probe through the cavity of the abdomen to the posterior walls, but found no ball, nor had it passed out through the loins.

After-treatment.—Water dressings, and calomel and opium, constituted the only treatment, save that mercurial ointment was used freely epidermically. I expected the case would terminate fatally, as two cases had previously, of similar character; but he progressed well, was ptyalized on the third day, walked out on the fourth, and on the twelfth day after the shooting was discharged cured. Within a month he married the girl he was after when shot by his rival; "within a month"—as runs Hamlet's soliloquy on his mother's "most wicked speed"—he deliberately married. I regarded it as a good commentary on the after-treatment of his case.

I find mercury recommended in the after-treatment of *wounds of the abdomen* by Pirrie, than whom there is, perhaps, no better authority in surgery. He says: "All judicious and *available* means should be employed to prevent inflammation, and, *if it should occur*, appropriate remedies should be used to subdue it, such as low diet, perfect quiet and rest, venesection, *calomel and opium*," etc., etc. (italics mine); and the reader will take notice that it is only recommended after inflammation shall have supervened; whereas I employ it as a *prophylactic* in all grave wounds, injuries and operations, and more especially of the abdomen. As one of the available means of preventing the accession of inflammation, and the most available known to medical science of subduing it after it shall have supervened, I would most emphatically employ it in every case of wounded peritoneum, whether by accident or surgical operation. I would especially recommend it after the operation of ovariotomy, where the pressure on the peritoneum has been excessive for months or years, and the change to relaxation productive of exudation from its capillaries, and which is said to cause death by its absorption—septicæmia (Sims). It is no part of the purpose of this paper to argue the question whether death follows ovariotomy from the absorption of the exudates, the shock, or inflammation; but we know mercury is a great restorer of the equilibrium between the exhalents and absorbents; we know it by its utility in ascites; and *were the system to be prepared for this life jeopardy operation by a mild ptyalism, and the impression mildly continued*, I suggest that the great mortality would be very much lessened after the operation of ovariotomy, and that septicæmia would not follow.

CASE XIII.—KNIFE WOUND OF THE HEART.

The *Commandante* of this District, during the late revolution under General Trevino, received a knife wound in the breast, from the hand of one he was attempting to force into the service. He was a heavy, robust man, weighing at least two hundred pounds. I was summoned to assist the commander, in great haste, but was ill and could not go out, and dispatched the messenger to my friend, Dr. Garcia, who attended the case

till death occurred, on the seventh day, and made a post-mortem examination.

There was profuse hemorrhage at first, and occasional hemorrhage till death, which resulted from inflammation, and not from the loss of blood, for he died in great agony, tearing himself from the bed and his attendants, and raving about the room.

The post-mortem examination showed that the knife had penetrated the right ventricle of the heart.

Had I treated the case I should have closed the external wound past the possibility of the escape of blood, by suture and compress, and ptyalized the patient with all possible dispatch. It probably would have saved his life, for wounds of the heart are not necessarily fatal, and he evidently died of inflammation, which the mercury would have controlled.

REMARKS.

These observations and cases, illustrating a *principle*, are offered in the hope of advancing medical science and benefiting humanity. I am perfectly satisfied that the mortality under grave wounds, injuries and life-jeoparding surgical operations may be greatly reduced by the adoption of the principle as *a rule of practice;* my confidence of this being founded on the known therapeutic power of mercury, and numerous successful cases as proof, in my practice. I have, therefore, felt it to be a duty incumbent on me to present the principle to the notice of the profession. A word to the wise is sufficient; mercury is the greatest eliminant known, and its use as here advocated, while the system is sustained by quinine, will so eliminate the detritus or worn-out rottenness, that neither septicæmia, pyæmia nor erysipelas can well occur. Good food, and perhaps wine, also, is not to be overlooked. It is this eliminant power of mercury that cuts short inflammation when formed or seated in organs, and that is also capable of preventing it from supervening under mortal injuries.

A BRIEF IRRELEVANT WORD TO CLOSE.

Inasmuch as sundry correspondents have solicited information in regard to this field, for practice, expense of living, etc., over here, and inasmuch as my sympathies for professional invalids incline me to speak, I beg to be permitted to travel out of the record (as the lawyers say) for a moment, ere I conge myself from the reader's notice.

There is a sprinkle of American physicians over here who have, in general, succeeded, and accumulated wealth. A new comer is always sought after. The language is the great obstacle. The reader can hardly imagine how blank I felt, and must have appeared, in one of my first visits, made in Cadereyta, to a puerperal woman, although I had fortified myself by studying Olendorff, José, Neuman and Barretti, for a year and a half before, in Brownsville. When I arrived at the house there were not less than a dozen women present, and they kept coming in until over twenty had collected, to see the new doctor, and judge of his merits. The woman was not sick; she was up and about; the infant was not sick; nobody was sick on the premises; but the new doctor was called to tell what was good for the woman to take to "bajar la chiche"—"bajar la chiche." And every one of the twenty women present rang the changes, at least a dozen times, on the phrase "bajar la chiche;" and the reader who doesn't understand a word of Spanish is as wise as I was! As there was no urgency in the case, I told them I would return the next day and prescribe, after consulting authorities. On consulting my dictionary I found that to "bajar la chiche" meant to bring on a flow of milk; so the next day I set the matter "to rights." The practice is full of such difficulties to one not conversant with the language.

My first *essay* at hæmoptysis occurred in Philadelphia, and was a decided "success" in that line, for I bled nearly a quart before a good stout dose of sugar of lead and morphine had the effect to check it. I verily thought Charon with his boat was waiting; but on the arrival of my friend, the late Dr. Paul Beck Goddard, I was consoled with the prognosis, "Old Scratch hasn't come for you yet." Some months afterwards, however, his deliberate opinion was, that my lungs were studded with miliary tubercles. Drs. Clark and Metcalfe, of New York, both took a more favorable view of my case The latter especially commended me to a warm climate and a horseback practice. I have carried out his suggestion to the letter, for it comported with my views, and if this meets his eye it will doubtless prove a pleasant reminder. It is proper to say, however, that I have lived the principles maintained in my Primary Pathology and Origin and Laws of Epidemics, viz, on *succulents*, in this land of goat's milk and oranges. I have only had one return of hemorrhage of the lungs,

of any importance, since coming south. I did not dream of crossing the Rio Grande to locate when I came to Brownsville, seeking the most southern location in the United States; but, the war waxing hot, I was forced across the river, being a northern man, and escaped up hither, where I have lived neutral, as an American citizen, obedient, professionally, to the orders of Jeaningros, Ney, Mejia, and others, when the French forces were here; and those of Trevino, Escobedo, Martinez, etc., when the Mexican forces held the sway, peremptorily ordered to cure the soldiers, to the neglect of my private practice.

The climate over here is hot in summer, and only cool in winter, not cold. It is also very dry, and therefore a much better resort than Florida for those laboring under pulmonary disease.

The expense of living here is very moderate. You can rent a first-class house for ten dollars a month, commodious for a large family. The wages of servants are three or four dollars a month for a woman, and five or six for a man—house or domestic servants, not field hands. Eatables are cheap. You will get two pounds of good beef, in market, for a picayune; a bushel of corn for three bits; a quart of goat's milk for three cents; a dozen of eggs for a bit; oranges fifty cents to a dollar a hundred, some of which will weigh a pound, etc., etc. In fine, it is the cheapest place to live, I believe, in the world.

And the medical profession is well paid here, as a few examples will show. My immediate predecessor, Dr. Kearny, whom I bought out, practiced here two years, and took away seven thousand dollars clear of expenses of living. Dr. Walton, his immediate predecessor, whom he bought out, practiced here some seven or eight years, through the epidemic times of 1856 (Jupiter and Saturn's commensurate perihelia), and took away with him, as I am credibly informed, some thirty thousand dollars. Dr. Bullock, who practiced here many years, they say, made a good deal of money, and spent it in speculations and speculative improvements. Dr. Welsh, of Morelos, some twenty years in this country, has made a fortune of one hundred thousand dollars and upwards, they say. He is an intimate friend of mine; we often consult together, but I never heard him estimate the value of his acquired estates. Dr. Brown, who practices in the same city with Dr. Welsh, has also acquired a comfortable independence, I am told. These examples will suffice. It is not going beyond propriety, however, to say of myself that I have done a large practice for an invalid. I have been unable to practice sometimes for months together. My cash receipts during one year (the best year of my practice, under Jupiter's perihelion approach of 1868), amounted to nearly eight thousand dollars. I would have no objection to selling out to an accomplished physician and surgeon, and retiring. Under the approaching epidemic period, from 1877 to 1887 (perihelia of the four large superior planets), an accomplished physician and surgeon could make a fortune here.

The statute law of Nuevo Leon, regulating the fees and license of physicians, is too lengthy to translate and insert here. Suffice it to say, the fee bill is on a par with the usage in the United States; and no foreigner can get a license to practice, where there are *received* physicians, without undergoing an examination in the Spanish language before the Board of Examiners, in Monterey. He is required to write a thesis, in the Spanish language, on a subject given him by the Board, to stand an examination on all the branches, occupying several days; he must then go to the hospital and diagnose three or four cases of the most difficult character they can place before him; write recipes of treatment, and make a prognosis as to the termination of each case. The license fee amounts to about one hundred dollars and a week's expenses in Monterey. Temporary license is granted to foreign physicians for a year, to practice in villages where there are no *received* physicians.

The molestations are very great during the revolutions, and foreigners have very particular attentions shown them in this respect, such as contributions or forced loans, seizure of private property for public uses, fines, shutting up your business, etc., etc. We have all suffered severely in these ways, as our reclamations at Washington show. For example, I was fined ten per cent. on the value of my house and lot, one year, for neglecting to list said property with the assessor. The fine amounted to nearly seven hundred dollars. A good buggy horse, for which I paid two hundred and twenty-five dollars, was seized (physicians' horses are exempt from seizure), and when I remonstrated, I was told if I said another word I would be imprisoned and fined one hundred dollars.

Upon the whole, the "struggle for life" is less with a physician here than in the United States, for the field is less crowded, the compensation

for services rendered is as good, and living is much cheaper. There are good locations where a temporary license will suffice. But enough. If I have traveled too far out of the record, let it be set down to the right motive, a desire on my part to serve any invalid medical brother to whom migration to a warmer climate may be a necessity—may offer a reasonable hope of extending the tenure of his life and measure of his professional usefulness.

ON THE USE OF THE UTERINE SOUND IN THE DIAGNOSIS OF ORGANIC DILATATION OF THE UTERUS PREDISPOSED TO HEMORRHAGE.

BY J. B. C. GAZZO, M. D.,
Of La Fourche, La.

The causes of hemorrhage are very numerous, without attending to the inherent circumstances of pregnancy and labor, as well as of the various traumatic lesions of which metrorrhagia is the necessary and inevitable result. Many women are, as we know, subject, during the whole period from puberty to the critical age, to hemorrhages, whose causes it is difficult to ascertain, and which are generally attributed to a certain dynamic, a local plethora, a molimen, or to repeated excitation of the uterus. Authors have admitted, in view of this, a large number of occasional causes, the influence of which upon hemorrhage is beyond a doubt, but in order that these occasional causes, these congestive excitements, should produce hemorrhage, we have most generally, and unless they have of themselves great power, therefore, to admit the aid of a special organic predisposition. It is to these organic predispositions, which appear to have partly escaped the notice of some of the professional men, that I wish for a moment to direct the attention of your readers on this subject.

I have observed that in all women subject to hemorrhage there is found an abnormal dilatation of the inner orifice of the uterine neck. This dilatation is detected in the living by the assistance of the uterine sound. In fact, instead of feeling a circular resistance, as in the case of hearty women, when we try to pass the inner opening, the sound enters with as much ease as through the external opening; this practical consideration appears of considerable importance in relation to the diagnosis and prognosis of metrorrhagia or of uterine hemorrhage. We can easily conceive, as is already proved by experience, that the flooding will continue or return so long as the internal opening of the neck of the uterus has not returned to its physiological dimensions. This uterine dilatation, therefore, appears to me to be ranked as one of the most powerful predisposing causes of hemorrhage, and this fact should be borne in mind, either in the diagnosis and prognosis, or as a proper indication in the treatment of uterine hemorrhage. Then let me here add that the general conclusion of the investigation was satisfactorily ascertained in two hundred cases, within the examination and diagnosis of uterine exploration of the womb, by the test of the uterine sound, without causing any uneasiness to the patient on trial.

MEDICAL SOCIETIES.

MEDICAL BOARD, EASTERN DISPENSARY.

STATED MEETING, NEW YORK, MARCH 12, 1874.

(Extract from the Minutes)

Dr. Mitchell returned the case of Frederica Schlicht, presented at the last meeting, as a case of rodent ulcer, tertiary.

I would call attention to the heroic doses of iodid. potass., forty grains thrice daily, and thereupon following the immediate subsidence and subsequent permanent disappearance of the osteocopic pains.

Also to the combination of the thirty-second of a grain of hyd. biniod. with the iodid. of potass., and the satisfactory progress of the case up to this presentation, when the broad and deep ulcer rapidly and progressively destroying the natural outlines of the victim's face, as seen four weeks ago, has given place to-day to the granulating and cicatrizing processes, so that beside the nasal deformity ensuing, the loss of bone and cartilage, and the cicatricial pigmentation, the case is comparatively cured and closed.

Dr. Skiff inquires if syphilis can be eradicated, and children be born later and free from the syphilitic taint?

Dr. O'Sullivan said his services in the Eastern Dispensary, as attending and consulting physician in diseases of the chest, confined his practice and his studies to that department. Syphilitic disease is confined to no region or organ of the body, as there are none that are not more or less impregnated.

In the air passages, the disease manifests itself to complicate the diagnostic symptoms and neutralize the effects of the remedies which we ordinarily find effectual.

As previously remarked, he found the bichloride of mercury a most efficient remedy when the iodide of potassium had failed. It had been

the practice for several years past, in the city hospitals, to use this remedy.

In those obscure cases of diseases of the air passages, where the diagnosis is at times extremely difficult, minute doses of mercury will not unfrequently assist in removing such doubts.

Illustrating such complications, he would give the following:—

Case I. Patient aged 30 years, three months advanced in pregnancy. The existence of syphilis was determined. The disease manifested itself locally in a very serious manner; ulceration of the bowels with laryngeal irritation of a peculiarly harassing character, and the voice affected.

Auscultation revealed dullness under the left clavicle, with prolonged respiration, with emaciation. Briefly, the general and physical signs of tubercular deposits existed. Up to this time her health was good; she had had no trouble in her previous confinements. Her children had been born healthy.

Watched the case with close attention. In seven weeks she was delivered of a still-born child with syphilitic eruption of the skin. Her appearance improved, and she gained in other respects favorably.

Four months later she became pregnant again, and was again delivered, at the seventh month, of a still-born child, nearly the same as the preceding one; the placenta also, in both cases, presented an abnormal appearance

Subsequently she gained flesh, the cough and irritation ceased, and a careful auscultation evidenced complete absorption of the tuberculous deposits.

Query. What possible connection had the disease of the placenta in inducing the absorption of the tuberculous deposits? Or, would such a result have followed had she not become pregnant?

Case II. A robust man, in the prime of life, going from his place of business to his home, noticed a bleeding from his penis. On reaching his residence a physician was called, a compress and bandage applied; hemorrhage still unchecked. Later, the wife of the patient called on the narrator, much excited, and stated her "husband was ruptured and bleeding to death." On removing the bandages an ulcer penetrating the artery was noticed. He was blanched and pulseless, and it was evident that, notwithstanding his constitution and plethoric habits, he could not hold out much longer. The hemorrhage was controlled by ice, and the patient rallied promptly.

Subsequently he had ulceration of the tonsils, superficial ulcers of the tongue and angles of the mouth, also in various other parts of the body. These were treated by a strong solution of nitrate of silver, and internally moderate doses of potass. iodid. with minute doses hydrarg. chlorid. were given for some time, with good effect.

Though we cannot say when syphilis is cured, if ever, yet the result here is satisfactory of the value of the remedies used. It is now eight years since the attack, and the patient has been in excellent health and under close observation, neither he nor his wife or children having manifested any evidence of the disease.

Dr. Prentiss called attention to a recent case occurring in his own practice, as follows:—

A lady complaining of "pains" in the right and left abdominal regions, preceded by a slight discharge of sanious and aqueous fluid daily, for some time prior to the application (about three months), was examined and prescribed for (placebos) as a case of uncertain diagnosis. These pains were acute, and on several occasions produced syncope, followed by emesis. Pulse 65 to 68. Dr. Charles Ward being called in consultation, it was decided to treat the case as pelvic peritonitis; this in the face of the fact of *no appreciable increase* in the pulse or temperature. The patient improved and became convalescent

Last night I was called again, and found the patient suffering from a similar though aggravated attack. Noticed then a trifling increase of temperature.

Is this pelvic peritonitis; if not, what?

Dr. Brekes inquires if, in the absence of all febrile symptoms and tympanitic tenesmus, the pain complained of was not produced by the passage of an enlarged ovum through the ovarian tube.

Drs. Garrish, Skiff, O'Sullivan, Mitchell and others continued the discussion, which was closed by the promise of Dr. Prentiss to return the case more in definite detail at the next meeting.

George H. Mitchell, *Secretary.*

Editorial Department.

Periscope.

On Rötheln, or German Measles.

Dr. Robert Liveing gives some cases and the following points on this disease, in a recent number of the *Lancet*:—

1. "The premonitory fever in German measles is generally mild, and resembles in many respects, though not in duration, that of common measles. There is more or less pain in the limbs, slight shivering, sore-throat, and often, though by no means always, coryza, redness of the conjunctivæ, and sneezing. All these symptoms were present in some of the cases I have had under my care. The characteristic features,

however, of the premonitory fever, as contrasted with that of measles, is its *duration*, which is seldom much more than twenty-four hours, whereas in measles it is from three to four days; that is, the eruption of the latter disease appears on the fourth or fifth day. Dr. Murchison remarks on this point, that 'most authors fix the duration of this stage at about three days, the eruption being said to appear on the third or fourth day. In my experience, its duration, as in the cases you have seen in the wards, is much shorter, the rash appearing on the second day, or even within the first twenty-four hours.' Dr. Murchison's experience is entirely borne out in this respect by my own, and that of many other observers. Indeed, I consider the short duration of the febrile attack before the eruption appears as one of the most constant and distinctive features in which the fever differs from ordinary measles.

2. "The character of the eruption when it first appears is almost always described as 'measly,' that is, in small reddish patches. In the first instance the rash consists of small rounded collections of minute red papules, which after a time coalesce and form larger irregular patches, just as in measles, but with apparently less tendency to become of a horse-shoe or crescentic shape. After a time the patches may all unite, and then the skin becomes, to the naked eye, of a uniform red color, closely resembling that in scarlet fever. This coalescence of patches was complete in two of the cases recently under my care in this hospital. In the other cases the confluence was only partial, the eruption retaining some of its patchy character until it finally faded away. The rash is generally of a rather brighter color than is met with in typical measles. 'The eruption,' says Dr. Murchison, 'is copious in direct ratio to the severity of the general symptoms. It lasts longer, as a rule, than the rash of either measles or scarlet fever, from four to ten days. Its disappearance is followed by a desquamation of branny scales.' With regard to the desquamation, I would remark that it is not generally such a characteristic feature as in scarlet fever. Very mild cases of the latter disease often desquamate freely. Mild cases of German measles, on the other hand, desquamate but little, as in the cases before us, where it was but slight. The protracted duration of the eruption is certainly one of the characteristics of the malady, though no doubt a more or less variable one, and of little or no value as a means of early diagnosis. In the cases under my care in the hospital the eruption lasted from five to seven days, a longer time than is usual either in measles or scarlet fever.

3. "Amongst the most constant symptoms of this fever is the persistent, though not generally severe, sore throat. The tonsils are red and swollen, and remain in that state usually for some days after the rash has faded; indeed, the sore throat is often the last symptom to disappear. This soreness about the fauces is by no means of the same severe character as that met with in scarlet fever, and very rarely leads to ulceration.

4. "The presence of albuminuria is of not unfrequent occurrence, and it was present for a short time in two of the examples under discussion. It does not always, however, pass away rapidly, as it did in these cases; it may become chronic, or even lead in some rare instances to acute dropsy. This, in fact, constitutes the chief and almost the only grave feature of the disease, but, as it rarely occurs, a favorable prognosis may be given.

5. "The disease propagates itself, and never leads to the production of either scarlet fever or measles in others. The seed, as a gardener would say, comes up true. This is a fact of great importance, and almost conclusive against its being either a mild form of morbilli or scarlatina, or even a combination of the two.

6. "German measles affords no protection from either of its allied diseases; nor does scarlet fever or measles protect in the slightest degree from attacks of rötheln. This fact, if admitted, and it is undoubtedly true, is the strongest possible evidence that the disease is distinct from all others."

Excision of the Knee-Joint.

In a paper on this subject, in the Irish Hospital *Gazette*, recording a successful case of this operation, Mr. Hayes, of the Mater Misericordiæ Hospital, Dublin, gives the following as the conclusions at which he has arrived in regard to the operation:—1. Excision of the knee is, in its immediate effects, a less severe operation than amputation through the thigh. 2. Recovery after excision is tedious, and taxes the constitution far more than does healing of an amputation wound. 3. Excision cannot be recommended during the progress of rapid disease of the knee-joint, especially if attended with suppuration, when that disease has no assignable origin other than constitutional defect. 4. Progressive disease of the soft textures of the knee, and even of the articulating bony surfaces, need not forbid excision, provided the general health is good, and that the disease can be traced to some cause not inherent to the constitution. 5. Should all active disease have subsided, whether originally of constitutional or other origin, and the patient's health be sound, the surgeon may prefer excision to amputation, if the object of his operation is to render the limb useful to the patient. 6. Union occurs firstly in the soft textures, then, through the medium of granulation tissue, between the bones; but at least four months, and more frequently from six to eight months, must elapse before that union can become sufficiently firm and reliable for the surgeon to pronounce upon the result of his operation. 7. Bone may be freely removed when, owing to the disease, the proceeding becomes necessary; but it is better to use the gouge than the saw in such cases, as it is essential for good union that the diameters of the opposed surfaces should be ample. 8. He es

teems it a matter of importance that the surgeon should remove not only all trace of synovial membrane and crude formations, the sequences of inflammatory action, but also every portion of articular cartilage which may remain after the application of the saw. Lastly, he adds that, whilst he would advise members of the upper and middle classes of society (whose means would enable them to obtain well-constructed artificial limbs, and whose avocations do not demand constant daily exercise) to undergo amputation in preference to excision of the knee; he considers the latter operation, in suitable cases, likely to afford a far more valuable result to the poor townsman and peasant, who must depend upon bodily labor for the means of support.

A Case of Molar Pregnancy.

The following case is reported by Dr. Thomas More Madden, in the *Medical Press and Circular*:—

A woman came to him, some months ago, and told him that she believed herself to have been pregnant thirteen months previously. She had had eight children, and was approaching forty years of age when the usual symptoms of pregnancy again presented themselves; there was suppression of her menses, she commenced to suffer from sickness in the morning, her breasts became enlarged, in fact, all the ordinary symptoms occurred. At the usual time she thought she felt quickening. At the sixth month she met with an accident by falling down part of a flight of stairs, and the motion of the child, which she said she had felt before, suddenly ceased; the abdomen became flattened, the breasts smaller, and she expected to have a miscarriage, but nothing of the kind took place. She remained in the same condition until she came to him, thirteen months from the time of her supposed impregnation. On examination, there was no sign of pregnancy; the uterus was somewhat enlarged, however, the breasts were flat, and the abdomen was not distended. It occurred to him that there might be some disease in the uterus, so he introduced a sound, and found the uterus rather larger than normal. On the following morning he was suddenly sent for, and found the patient laboring under a good deal of hemorrhage, as well as violent pains, and a short time after he had entered the room she expelled the specimen which he exhibited to the Society, and which he believed was one of so-called mole pregnancy. It was a thick cast of the interior of the uterus; it was about a third of an inch in the thickness of its walls, and corresponded exactly in size with the enlargement of the uterus. After its expulsion these symptoms gradually passed away, and a month later she menstruated, and her discharges had since been regular. These cases seemed to be of some little interest. In the first place, there were two or three questions connected with their pathology; whether these hydatidiform growths were the result of conception or not? The opinion entertained usually was that they were the abnormal growths of enlarged chorion villi of a blighted fœtus; many held that they were simply placental growths. Others held that they were not always necessarily connected with pregnancy, though usually so, and he had very little doubt himself of the latter view being the correct one. Many cases had been placed on record in which women of unimpeachable chastity had expelled these hydatidiform substances from the uterus. In these exceptional cases, he thought they could only come to the conclusion that they were caused by ovarian disease implicating one of the Graafian vesicles, expelled from the ovary at each menstrual period, and by the independent and monstrous growth of this diseased germ in the uterus, until by its bulk it gave rise to uterine irritation and consequent expulsive action.

Danger of Mistaking Arthritis for Fracture.

In a recent lecture in the *Medical Press and Circular*, Dr. Edward Hamilton says:—

Prolonged disease may effect such changes in the shape and appearance of a joint or a limb, that even after recovery, should it sustain an injury, the misshapen appearance might lead a careless observer into a rash and hasty opinion respecting the existence of fracture. You should always bear this in mind, as by so doing you may avoid many a serious error in diagnosis by mistaking for a recent injury a constitutional affection that may have existed for years.

There is one disease of this character, the history and pathology of which Irish surgery claims the credit of elucidating, chronic rheumatic arthritis. For many years this affection was imperfectly understood, and from its great resemblance to fracture was frequently mistaken for and treated as such, even by men of the greatest eminence, and it is to the patient and accurate investigations of the late much lamented Professor Robert William Smith, and Dr. Adams, of this city, that we owe our present perfect knowledge of this remarkable disease. It is very common in this country, and in our dissecting-rooms curious specimens are frequently found. The hip and shoulder joints are most frequently engaged; but here is, from our museum, a valuable, and indeed, unique specimen of the disease, involving the knee-joint, which is by no means common. The similarity of the features of chronic rheumatic arthritis and fracture is very remarkable. When it attacks the hip joint it gives rise to symptoms identical with those of fracture of the neck of the femur. We have the three great characteristic signs, shortening, eversion, and even crepitus, this last being due to the grating of the bony projection against the joint; but the greatest proof of the extraordinary resemblance that exists between the two is the fact that specimens of chronic rheumatic arthritis have been actually exhibited *to medical societies* as fractures, and their real nature only subsequently discovered.

Whenever, then, you are called to a doubtful case of this kind, be sure and examine the other joints at the same time, and carefully inquire whether your patient has suffered from rheumatic pains. By so doing you will generally come to a satisfactory conclusion.

Peculiarities of Pneumonia in Children.

Dr. Farquharson read a paper on this subject, at the Medical Society of London. After some preliminary remarks, the author stated that the pure lobar pneumonia of children does not differ so much from that of adults as we might suppose, considering the very trivial causes which light up acute fever in early life. Although the beginning is more insidious, the course is much the same, the temperature seldom exceeding 105°, and defervescence taking place from the sixth to the seventh day. The pain, however, is often so decidedly situated in the abdomen as even to simulate peritonitis; the cough is more irritable, and the dyspnœa frequently out of all proportion to the extent of lung tissue involved, it being suggested that this may sometimes be of a nervous character, as in hysterical women. The most marked distinctive peculiarity, however, is the tendency of the inflammation to attack the upper lobes by preference, and even when it reigns elsewhere it almost invariably creeps insidiously upwards, without rise of temperature or other special symptom. Whether this peculiarity of site necessitated a lowering of type, as in the adult, the author has been unable to decide. Coming to the physical signs, it was observed that the true crepitant râle is seldom observed; that bronchial rasping is the first stethoscopic indication, and that the dullness to percussion is attended by a peculiarly well-marked sense of resistance. Towards the apex, a well-marked tympanitic percussion note often intervened between the healthy sound and absolute dullness, and differs from the same symptom in the adult by reappearing during the stage of resolution. After various other points had been passed in review, and a word said on prognosis, the author referred briefly to treatment, and dwelt specially on the value of poultices in restricting the movements of the lungs, and giving rest to the affected tissues.

Reviews and Book Notices.

BOOK NOTICES.

Archives of Ophthalmology and Otology. Edited and Published in English and German, by Prof. H. Knapp, M. D., and Prof. S. Moos, M. D. Vol. iii, No. 2, pp. 225. New York: Wm. Wood & Co., 1874.

We always welcome this volume, as it contains so many original and valuable papers on the eye and ear; and the specialist owes a debt of gratitude to Dr. Knapp for his enterprise in providing such a feast of knowledge at so moderate a cost, for we know that it has not yet paid anything, except to the publisher. In this volume the number of papers are thirteen; six of these are American contributions, and seven are translations from the German and French. The first, third, fourth and fifth are by the American editor alone, or associated with Dr. Argyl Robertson. The first, on "Ophthalmoscopic Optometry and Description of a new Ophthalmoscope," is already familiar to our readers, as we gave a description of it, and cuts to illustrate it, by the kindness of Dr. Knapp. The second article is "On the Derangements of Motion following Division of the Semi-circular Canals," by Dr. Loewenberg, of Paris; translated by Dr. C. J. Blake, of Boston. Condensing the author's results of his experiments upon pigeons, he believes he has proved the following points: 1. "That the derangements of motion following division of the semi-circular canals are the result of this injury, and not of an accompanying injury to portions of the brain. 2. That the vomiting observed by Professor Czermak in his experiments, was the result of an accompanying injury of the cerebellum. 3. That the derangements of motion are the result of irritation of the membranous canals, and not of paralysis. 4. That the irritation of the semi-circular canals produces the convulsive movements *reflectively*, without participation of consciousness. 5. The communication of this reflex excitation from the nerves of the membranous semi-circular canals to the motor nerves takes place in the thalamus." Then follows an appendix of some experiments on rabbits, in which the author proves by one experiment that dividing the nervus auricularis, according to the method of Claude Bernard,* is impossible without accompanying injury to the semi-circular canals.

(3). "Embolism of the Central Artery of the Retina," by Dr. J. Samelsohn, of Cologne; translated by Dr. Hasket Darby, of Boston.

(4). "On a particular Form of Hemorrhagic Glaucoma," by Dr. Schroeder, of Wiesbaden; translated by Dr. Joseph Aub, of Cincinnati. The different classifications of glaucoma, made by V. Graefe and Donders, are generally known. The cause of the disease is supposed to be a condition of hypersecretion in the interior of the eye, occasioned by irritation of the vaso-motor

* See Lecons sur la Physiologie et la Pathologie du Système Nerveux. Tome ii, 18 et 19.

nerves, and especially the trigeminus. The form of glaucoma which is the principal topic of this paper is less known than the common forms. It derives its name from hemorrhages which occur in the retina, and these retinal hemorrhages generally precede the commencement of the glaucomatous trouble by one-half to six months. The attack commences with severe ciliary neuralgia. Some have observed an excavation of the papilla. The majority of the patients were of advanced age. Iridectomy has proved futile. As a rule, enucleation was made. In cases of primary hemorrhagic glaucoma, iridectomy has a beneficial effect when made at an early date, as the degeneration of the retina predisposing to hemorrhage has not yet taken place. This form has no preliminary stage. The subject, "On a new Form of Glaucoma," should not attract the attention of specialists alone, but that of general practitioners; for glaucoma is one of those diseases which form the connecting link between the general practitioner and the oculist, and which should be well understood by the former; and yet we regret to say that we have known of teachers of ophthalmology who were very deficient in this department, and who did themselves and their *art* great discredit. We trust that this valuable article will be carefully read and studied.

(5). "Removal of Twenty-eight Small Gravel Stones, which lay in both External Auditory Canals—Recovery," by Sara E. Brown, M. D., of Boston. The case from which these foreign matters were removed was a feeble-minded youth, who, at nine years of age, while at play, filled both ears with gravel, and part of this was allowed to remain undisturbed for seven years, and the lad all this time was suffering from imperfect hearing. This is carrying the no-interference treatment into the ground (or gravel), with a vengeance. After removal, the boy's hearing was much improved.

(6). "Contributions to the Pathology of Choroiditis," by Dr. H. F. B. Kortüm; translated by Dr. Charles S. Turnbull, of Philadelphia. Although the choroid may be readily examined with the ophthalmoscope, and choroiditis is by no means rare, yet a complete and accurate description of the inflammation of this tunic has been wanting.

Every (careful) observer knows the ophthalmoscopic appearances, often so striking in choroiditis, but its different forms have *never* been fully specified, nor has their etiology been sufficiently traced. In this, the author's "Dissertatio Inauguralis," the subject is well arranged, and much attention given to classification, with histories of certain forms about which comparatively little was known. His treatment of hemorrhage into the vitreous is rest, in a dark room, application of ice, for fifteen minutes, every two hours. Internally, extractum secalis cornuti aquosum, one grain, three times a day, increasing to double this quantity, with Heurteloup leech applied to temple every few days. With this treatment his success was very good. The second part of this practical paper is taken up with the pathology and treatment of choroiditis specifica, and he comes to this important conclusion (which the writer of this notice has also proven in a recent case which he treated with entire success, after the patient had passed through the hands of one oculist, and had been under treatment in a special hospital, ophthalmoscopic examination made, and glasses ordered): "We think that it is impossible to make the diagnosis of specific choroiditis by the ophthalmoscopic examination alone." Here, as elsewhere, for instance in specific iritis, the law found by "*Virchow* holds good, that syphilis gives rise to simple products of irritation as well as pathognomonic (gum-like) products." This whole paper is interesting to the general practitioner, is well translated, and is worthy of publication, if we had space for it, in this journal.

(7). "Sarcoma of the Iris," by Dr. Argyl Robertson, of Edinburgh, and Dr. H. Knapp, of New York. The history of this remarkable case is given by the former, and the description of the specimen by the latter. There is only one case of melano-sarcoma of the iris on record. It was that of a farmer, under the care of A. Von Graefe. The case of Dr. Robertson differs from that of Von Graefe essentially; in the former there was only one brown tumor occupying the lower half of the iris; in the latter there were many small tumors, and the eye became glaucomatous, which shows that the tumors of the iris follow the same clinical course as those of the ciliary body, choroid and retina, viz, no irritation in the first stage, glaucoma in the second.

(8). "Intra-ocular Hemorrhage, with Formation of Amyloid Bodies in the Extravasated Blood, and Amyloid Degeneration of the Choroidal Arteries," by Dr. H. Knapp, of New York.

(9). "Galvano-Cautery in Ophthalmic Surgery," by Dr. J. Samelsohn, of Cologne; translated by Dr. J. R. Pooley, of New York. The

introduction of a new method into surgical therapeutics, or the extending of one already known into new fields, is only justifiable under the following conditions:—

1. "That it must at least answer the same purpose as these approved methods have done.

2. "Its application must be as practicable as that which is already known, and which has been used with success."

In order, therefore, to encourage a more extensive application of this method, it does not seem superfluous to publish my experience, of five years, in the application of this convenient agent for special ophthalmological purposes.

The apparatus of which I make use is very simple, cheap, and easy to manage. It consists of three small zinc-carbon elements, which are connected by copper wires, in the form of a chain. The glass vessels are common tumblers; the zinc cylinders of a corresponding size; the carbon plates 4½ inches long, 1½ inch wide, and ¼ inch thick. These elements are filled by an assistant in the yard, so that the disagreeable vapors from the nitrous acid cannot enter my consultation room. Two flat copper wires, connected with the elements, lead from the yard, across the window-ledge, into my room, and are fastened upon the ledge by rivets, and finally by clamp screws.* The long, thin, conducting copper wire, covered with india rubber, fits into these clamp screws, and is then connected with the handles. This handle contains a contrivance similar to the button-shaped handle described by Von Bruns,† for closing and opening the current. Two wooden plates are riveted together, between which pass the copper wires, with the current breaker, admitting at any time of the discovery of the possible cause of an interruption of the current.

On each side brass tubes, with thumb screws, are attached, into which fit, on one side, the conductors; on the other side, different connecting pieces. The latter consist of two twisted copper wires, covered with silk, flattened and perforated at one end, to which fine platina wires are fastened. The apparatus is charged and used according to the usual rules.

For such cases as we are about to describe, requiring only a transient glowing of the platina wire, the compendious apparatus just alluded to will answer every purpose. The cases in which our author prefers galvano-cautery to all other means of treatment, are—

1. The closing of lachrymal fistulæ.

2. The operation of obliteration of the lachrymal sac.

3. The treatment of trichiasis and dislectriasis.

4. Blepharitis ciliaris ulcerosa.

5. Small cavernous tumors, talangiectasiæ, nevi vasculosi et pilosi.

6. Old and obstinate cases of trachoma conjunctivæ.

(10). "The Connection between the Ossicles of Hearing," by Dr. Gustav. Brunner, Lecturer on Otology in Zurich; translated by Dr. Charles S. Turnbull, of Philadelphia, Resident Assistant Surgeon to the New York Ophthalmic and Aural Institute. This is a most elaborate and scientific paper, full of careful experiments, with two lithographic plates, tables iii and iv, and two wood cuts. The translation is clear and explicit, and the translator has accomplished a most commendable work for all those who do not read the German with facility. "Hitherto the connection between the hammer and the anvil, and that between the anvil and the stirrup, have been considered by all authors as true articulations, whereas the insertion of the stapes into the fenestra ovalis has been recognized to be a symphysis, and the attachment of the short process of the incus to the wall of the tympanum has been stricken from the list of articulations. *Our author's own investigations have satisfied him that there are no true articulations at all between the ossicles of hearing, but the ossicles represent a lever, the parts of which are united with one another, as well as with neighboring parts, by symphyses.*" This valuable article concludes with an appendix concerning Prussak's space, and the pouches of the membrana tympani.

(11). "Contributions to the Pathology and Pathological Anatomy of the Organs of Hearing," by the German editor, Dr. S. Moos, of Heidelberg; translated with great care by Dr. Terry, of New York. He states as follows: "In the following paragraphs I shall describe a series of post-mortem examinations of diseased ears. If the careful reader finds some data which are of value, not only to the specialist but to the general practitioner, I beg to state that the credit is principally due to those of my colleagues who so liberally furnished me the histories and specimens." In this collection there are a number of very interesting, and some rare cases, well worthy of careful study.

* Latterly I employ two Grenet-Stöherer elements, filled with bichromate of potash and dilute sulphuric acid.

† Bruns: Die Galvano-Chirurgie, 1871, p. 34, fig. 15.

MEDICAL AND SURGICAL REPORTER.

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D. G. BRINTON, M.D., Editor.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

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Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
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Philadelphia.

CHANGES IN THE AMERICAN MAN.

The study of the influence exerted by the climate of the United States, on the many and various nationalities who have emigrated to its shores during the last three centuries, is one likely to develop some strange facts. It is, however, extremely difficult to separate, in all instances, the effects of climate from those of other causes; and this becomes more intricate when we recollect that the indirect influence of climate is often a most potent factor.

Speaking generally, the United States has a *stimulating* climate, one which favors nervous, circulatory and excretory activity, at the expense of the secretory and lymphatic system. Hence the typical American, he whose forefathers have lived for a century in this land, is thin, wiry, active, and prone to death through the brain or the heart. Apoplexy, insanity, and cardiac diseases are on the increase. The functions of digestion and assimilation are not properly performed; therefore, he rarely enjoys his meal, indeed, hardly knows what a good meal is. The contempt with which Brillat-Savarin spoke of the American *cuisine* three-quarters of a century ago, holds good to-day. From this largely comes the craving for artificial digestives, stimulants, etc.

Mrs. Emilie Loyson, wife of Father Hyacinth, of Geneva, by birth a New Englander, has made some sensible remarks on this subject in a recent letter. She says:—

"The great American malady is the malady of the stomach. Conscientious people become dyspeptics; non-conscientious people become drinkers. Bear in mind this fact, that the appetite for drink is not necessarily made by drinking, but in nine cases out of ten it is created and cultivated at your tables, in your children, by the use of coffee, tea, pepper, pickles, mustard, spices, too much salt, hot bread and pastry, raw meat and grease, and, above all, by the use of tobacco.

"The cry of a depraved appetite, an inflamed stomach, is always for something stronger. The use of soup, milk and salad, prepared with good oil, should be cultivated. In short, reform your tables if you would reform your drunkards and

save your sons. Cure the cause, and the effect will be but natural."

Whether an actual degeneration in the physique of the inhabitants of the older States has occurred, is a vexed question. In a late number of the *Woman's Journal*, Colonel Higginson denies. He justly remarks that if families were larger in the early colonial days than is now apt to be the case, there were a good many childless homes, and third and fourth marriages were unquestionably more common than in our day. For proof of this, he refers very justly to the family histories which have become so abundant and accessible, and which have yet to be made the basis of a scientific investigation of the supposed falling-off, not only in physical endurance but in fecundity, of American women. Coming down to the Revolutionary epoch, and the succeeding quarter of a century, Col. Higginson cites, from Griswold's "Republican Court," the testimony of two French observers, the Abbé Robin, a chaplain in Rochambeau's army; and the Chevalier de Beaujour, who lived in the United States from 1804 to 1814, as consul-general and *chargé d' affaires*. Each praises the delicate beauty of the American girl, as most foreigners have done from that time ever since, but one says: "At twenty years the women have no longer the freshness of youth; at thirty-five or forty they are wrinkled and decrepid;" and the other: "At the age of twenty-five their form changes, and at thirty the whole of their charms have disappeared."

It has been asserted that the virility of the male sex is lost at an earlier average age in this country than in Europe. Marriages of elderly men are certainly less numerous; but this may be explained by social differences. A strict inquiry into the cause of the alleged progressing infecundity of marriages should embrace this as well as the other possible explanations. It is very insufficient to charge it to the account of the wives alone, as most medical writers have done; and far worse than insufficient to found upon it a general attack on their morals, as has also been done.

Notes and Comments.

Therapeutical Notes.

CHILBLAINS AND CORYZA.

The following is a very convenient, economical, and efficacious application for chilblains and chaps:—Alcohol at 85°, 100 parts; glycerine, twenty-five parts; and phenic acid, one part. Powdered camphor sprinkled with tincture of iodine, and inhaled by the nostrils, constitutes one of the most prompt and certain of remedies in coryza or "cold in the head."

INCONTINENCE OF URINE.

Dr. Thomas Kennard, of New York, uses the following ointment in the treatment of this disease:—Sulphate of atropia, ten grains; veratria, ten grains; hog's lard, twelve drachms. By rubbing the perineum three times daily with the ointment, in three cases of paralysis accompanied by incontinence of urine, Dr. Kennard obtained a complete recovery at the end of a few days.

A New Sign of Death.

M. Bouchut stated, at the Académie des Sciences, that at the moment of death gases which are normally imprisoned in the venous blood are disengaged, forming a pneumatosis of the veins. The pneumatosis of the veins of the retina is easily appreciable by the ophthalmoscope, and constitutes an immediate and certain sign of death. This pneumatosis is indicated at the moment of death by the interruption of the column of blood in these veins, a phenomenon similar to that which is observed in the interrupted column of a thermometer with colored alcohol.

The Social Evil Question in Canada.

It is a gratification to see our professional brethren in Canada earnestly moving for legislation to check the spread of veneral diseases. The Canada *Medical Record*, for March, says, in its editorial columns:—"Inasmuch as it is impossible to remove the predisposing causes which spread widecast certain affections, especially syphilis, we cannot see any other mode to keep them in check than by adopting a system of registration and inspection. We have no doubt that if such a system was universally carried out, syphilis might be entirely eradicated from our midst. That amelioration has followed the adoption of registration and inspection there

can be no doubt. It has been proved, from statistics compiled in Great Britain, that wherever the contagious disease act has been enforced this disease has been greatly checked. From the army returns it has been shown that there is a marked decline in the admission of primary sores wherever the act is in operation. If we compare the proportion of admissions in stations at which the act is in force, with those where it is not, we find the admission per one thousand, for primary venereal sores, to be fifty-four at the former and one hundred and thirteen at the latter. It is therefore marvelous that measures have not long before this been adopted to protect the community from a disease which is more dangerous to the individual and his offspring than small-pox, and is more insidious in its effects."

Treatment of Cholera.

Dr. J. H. Parrish, of Gallatin, Tennessee, writes us:—

I was in the midst of cholera last summer. My treatment was in the main satisfactory. I gave calomel and opium freely, and had much satisfaction from the following:—

℞.	Camphor water,	fl.℥ vi.
	Gum arabic,	gr. cxx.
	Oil mint,	gtt. xxiv.
	Creosote,	gtt. xxxvi.

Make an emulsion.

Dose—One tablespoonful every one, two, or three hours.

After having given calomel and opium, the above emulsion rarely failed to arrest vomiting and purging. I also used, very freely, enemas of benne water.

Increase of Heart Disease.

Dr. Snow, of Providence, R. I., says, in his last report as City Registrar:—

There were ten deaths in March, from *diseases of the heart*, and the number from this cause is constantly large, and has increased greatly within the last few years. Thus there were 100 deaths from diseases of the heart in Providence in 1873, 92 in 1872, 77 in 1871, and 59 in 1870. These figures are so large as to excite attention; but I am satisfied that they are correct. Of the ten deaths from diseases of the heart during the month of March, nine were certified by physicians and one by a coroner. Some of the deaths reported are "*Primary*, Rheumatism; *Secondary*, Disease of the Heart," and it is probable that Rheumatism is the original cause of a large portion of the deaths from diseases of the heart, though it seldom appears among the causes of death.

To Keep Away Flies.

The sick and the wounded are, in warm weather, often dreadfully annoyed by flies. The suggestion of a French veterinary surgeon deserves trial at such times. He says that a simple method of preventing flies from annoying horses consists in painting the inside of the ears, or any other part especially troubled, with a few drops of empyreumatic oil of juniper. It it is said that the odor of this substance is unendurable to flies, and that they will keep at a distance from the parts so anointed. If this treatment should accomplish the alleged result it will be a great blessing to introduce into the sick room.

The Value of Potatoes.

The constant use of potatoes as an article of diet is of doubtful prudence. We have known two cases of distressing vertigo, one in the person of an eminent physician, cured entirely by ceasing to use them. Mulder, the celebrated physiologist, declares that the excessive use of potatoes among the poorer classes, and of coffee and tea by the higher ranks, is the cause of indolence among nations.

Ancient Treatment of Ague.

Andrew Marvell, the English poet, who died in 1678, is said by his biographer to have been sacrificed to the obsolete notions of practice of an "old and conceited doctor." The disease was a common intermittent, and the treatment is described as follows:—

"In the interval after a third fit of regular tertian ague, and by way of preparation (so that all things might seem to be done most methodically), blood was copiously drawn from the patient, who was advanced in years. The way having been made ready after this fashion, at the beginning of the next fit a great febrifuge was given, a draught, that is to say, of Venice treacle, etc. By the doctor's orders the patient was covered up close with blankets, say rather, was buried under them, and composed himself to sleep and sweat, so that he might escape the cold shivers which are wont to accompany the onset of the ague-fit. He was seized with the deepest sleep and colliquative sweats, and in the

short space of twenty-four hours from the time of the ague-fit, he died comatose. He died, who, had a single ounce of Peruvian bark been properly given, might easily have escaped, in twenty-four hours, from the jaws of the grave and the disease. If old women are to be sharply rebuked for such practice, how much more physicians and philosophers, whom it behooves to prescribe nothing empirically, nothing without urgent reason, much less against reason and clear indication."

Recipe for Tar Water.

The following recipe is given by a French authority:—

℞. Norwegian tar,	300	grammes.
Bicarbonate of soda,	250	"
Rain water,	500	"

Allow the mixture to react in the cold for two hours, then gently boil it for a quarter of an hour, stirring continually. Remove from the fire and add of boiling rain water 9500 grammes. Agitate briskly for a few minutes, then let the mixture cool. After cooling, let it be well shaken on several occasions. Finally, let it clear itself, by deposition, of any undissolved tar.

The first boiling produces a sort of tar-soap, in the form of a soft, clear-yellow, and homogeneous mass. To a great extent this soap becomes perfectly dissolved in the water, and imparts to it a brown color. It is important that the boiling should not be long-continued, lest it should decompose the tar, and it is further desirable that the mixture should be allowed three or four days, or even longer, to clear itself, as it thereby acquires more aromatic properties.

The Elastic Ligature.

The value of this surgical expedient is forcibly illustrated by a case reported by Mr. Henry Kettle, in a late number of the *Lancet*. A lady came to him complaining of intense pain on coition. He proceeds:—

Upon examination I found growing from the posterior fourchette, more upon the left side than the right, what appeared to be an exaggerated third nympha, in breadth about an inch, but much broader at its free extremity, in length an inch and a half; it was most exquisitely sensitive, and my patient informed me that even walking produced great pain. The rectum was perfectly healthy, and free from hemorrhoids.

I advised immediate removal, and, as she strongly objected to the knife, I determined to use the elastic ligature. On February 11th I therefore passed through the base of the growth a double ligature, and tied them on either side. In three days the whole of it had separated, leaving two small granulating spots, which were completely healed in three or four days. She is now quite well and free from pain.

Chicory as a Substitute for Coffee.

Chemical analysis tells us that the percentage of nutritious substances in chicory is more than twice as great as that of coffee. It is largely used by the poor people of Europe, and has found its way into hospitals, on account of its superior nutritious qualities and a total absence of nervous stimulating qualities. Chicory, or succory, is a plant which grows wild in Europe, but is sometimes cultivated. The roots are kiln dried, roasted, and ground into a brownish red powder, to be used either for mixture with or as a substitute for coffee. The plant is a gentle tonic.

To Make Cod Oil Palatable.

The following plan is recommended in the *Chemist and Druggist*:—Take equal parts of ground coffee and bone-black, as used by sugar refiners, mix them in ten times their combined weight of cod liver oil, and digest for half an hour, at a temperature of about 130° Fahr.; then place the mass on a filter and drain the oil off, and you will have its nauseous taste changed into a pleasant coffee flavor. If the notion is correct that coffee is an antidote of iodine, and as the latter is one of the active ingredients of cod liver oil, it may be well to let the patient use some iodine preparation at the same time, or to add a little iodine syrup to the deodorized cod liver oil.

Heroic Doses of Calomel.

The eminent Sir James Annesley, M. D., condemned frequent small doses of calomel, and denied that the drug acted on the liver. Nevertheless he advocated the use of large doses of calomel in the early stage of fever, hepatitis, and dysentery, for the purpose of acting as a sedative on the stomach, and relieving the tendency to vomit, and clearing away mucus from the duodenum, and of producing a copious flow of cystic bile. His practice was supported by the results of experiments on dogs; for he found that on giving one, two, and three drachms of

calomel to three dogs respectively, the stomach of the dog which had taken the largest dose was much less vascular than that of the other two, and than that of a healthy dog.

Dr. F. Lente, of New York, has also long maintained that calomel in very large doses exerts a "sedative" action.

Why Twins are Alike.

Dr. J. F. Bird writes to the Cincinnati *Lancet and Observer*:—In my experience, and that extends to a number of well-marked cases during a period of over thirty years, I have invariably found that when twins are contained in the same sac, and sustained by the same placenta, they have always had a slavish resemblance to each other; whilst those contained in different sacs, and sustained by different placenta, are as unlike as children born of the same parents at different periods, however remote. This hypothesis is sustained, not only by actual and positive and repeated observation, but by inquiries made of other observers. In one family there are two cases of twins. The first pair were contained in the same sac of waters, and are exactly alike; the other pair were delivered from different sacs, and are no more alike than are the other children. I delivered a case also of triplets. Each child was in a separate sac, and neither resembled the other particularly.

Pathognomonic Sign of Pertussis.

The practitioner may be sometimes consulted on a case of hooping cough, without having the opportunity of witnessing a paroxysm. In such a case, M. Bouchut recommends him to examine the frænum linguæ, which he will always find the seat of a small ulcer in children the subjects of pertussis, or who are on the point of becoming so.

Correspondence.

Medical Observations in Canada.

Ed. Med. and Surg. Reporter:—

The provincialism of Canada, now dignified by the title of the "Dominion," is fast disappearing before a large population of men and women distinguished for vigor of body, intelligence and enterprise, who appear resolute to conquer a climate extremely cold for seven months of the year, and a soil not very productive. The people, for the most part, English, Scotch, and Irish settlers, with a mixture of Indian and native born Canadians, have learned to dress in furs, and have markets supplied with the most abundant provisions. The charitable are wont to make liberal provision for the poor and sick. The temperature during the summer season is rarely extreme.

The eminent geologist, Sir Charles Lyell, was of the opinion that originally this whole country, embracing the lake shores, was beneath the surface of the ocean. The writer knows of no better place of resort for the invalid, especially delicate females and children, than certain parts of Canada during the summer season. Excursion tickets to go and return from the United States are sold at a moderate figure, and board in Canada, even near Niagara Falls, can be obtained cheaper than in our cities. St. Catharine, which is within an hour's ride on the cars, has become the resort of invalids affected with rheumatism and kindred affections, from every part of the world. The bathing and mineral waters of these springs or "wells," as they are termed, are eminently medicinal. Indeed, this entire region of country, which presents an elevated plateau of land, abounds in mineral waters, sulphur and chalybeate particularly, which are not second, perhaps, in value to those in Virginia and the south of France, and are becoming celebrated for the cure of various chronic affections, and believed by many to obviate sterility. The famous burning spring at Niagara Falls, whose waters are so highly charged with sulphuretted hydrogen gas that when a match is applied it burns with a pale blueish flame, would lead to the hypothesis that they are of volcanic origin. No one can question this fact, as it regards the hot springs of Virginia and Arkansas, and of Vichy, in France. In Wisconsin the same remark as to the value of the sulphur springs, which the writer visited, is applicable, and doubtless the entire lake country has mineral waters of great value.

The introduction of the Pullman palace car has made travel comparatively easy, and the beauty of the scenery on the way through the highly improved States of Pennsylvania and New York presents to the tourist a succession of the most beautiful natural objects.

Quebec, Montreal and Toronto have fine general hospitals. I visited, by invitation of Professor Reeves, the one at Toronto. The hospital building is large, is warmed by open coal fires, and located in a pleasant part of the city. Professor Richardson, the same day, held his surgical clinic before the class. He removed an epithelioma from the lower lip of a patient, by an elliptical incision of the lining mucous membrane, carefully avoiding the facial artery, and embracing the sac of the tumor. The patient was fifty years old, and had never been a smoker. Hemorrhage was controlled by torsion, and the application of several ligatures and sutures. In this case the disease began in the form of a wart-like tumor, hard to the touch, movable and sensitive to pressure. Under the microscope the morbid growth was observed to consist of cells of an oval, fusiform shape. Professor Canif, who is the author of a valuable treatise on surgery, accompanied me through

the wards of the hospital. Syphilitic cases were treated by the use of protoiod. potass. and bichloride of mercury, and pneumonia and pleurisy with blisters, poultices, digitalis and quinine. Bright's disease with acetas of ammonia and iron, cod liver oil and digitalis, for its diuretic and tonic effects.

Several interesting cases of cardiac disease were exhibited, one accompanied by enlargement of the heart, hypertrophy, increased action with dullness over the left side, and pleural effusion. Auscultation revealed a whistling sound from the apex to the base of the heart, with systolic murmur, indicating defect of the aortic valve. In Canada the cold climate and moist air from the lakes are causes of acute rheumatism and consumption.

Professor Reeves had charge of the ophthalmic wards. He exhibited several interesting cases of granular and gonorrhœal conjunctivitis, attended with destruction of and flattening of the cornea and loss of vision. His treatment was directed to the invigoration of the general health, and the local application of hydrarg bichloride, gr. ij, glycer, ℥j, to the lid, and afterwards washed off with mucilage. the surface having been previously cleansed by the use of a syringe. In acute cases depletion by leeches and cups was resorted to, and a restricted diet for the relief of pain and inflammation.

Salem, Va. FRED. HORNER, JR., M. D.

On an Obstetrical Procedure.

ED. MED. AND SURG. REPORTER:—

In your issue of March 24th I replied to certain obstetrical queries by T. G. C., of St. Louis, Missouri. In your last issue, of April 4th, I find another communication from the same subscriber, and I wish to make a few observations in regard to it, and also to explain and substantiate more fully the answer I gave.

After sending you my answers to those queries, it occurred to me that they were open to criticism, from the fact that they referred more to the management of occipito-posterior positions, from the commencement of labor, than to the doctor's "given case," which had already been going on for twenty-seven hours. I repeat that in any serious delay in an occipito-posterior position, no matter at what stage of labor it occurred, I would apply the forceps at once; but if, as in the doctor's case, the patient had been struggling for twenty-seven hours, with hard pains the last eighteen hours, and much exhausted, pains having ceased, with fœtal heart beating feebly, and head distending perineum, I should say that the demand for the forceps was most imperative. Their application thus low down would, of course, be accomplished much more easily than higher up in the pelvis; but the prognosis for the child would be much less favorable than if delivered as soon as there was any serious delay.

I will give two cases. The first one is the first case of occipito-posterior position with which I ever met and has a striking similarity to the case given by your correspondent.

Was sent for by Dr. B., of an adjoining town, to assist in the delivery of Mrs. H. The message suggested that I should come prepared for craniotomy. The patient was a primipara, aged 36, large and very fleshy, and had been in labor about thirty hours, with hard pains for several hours, which still continued. Head presented at pelvic brim, but with a large "caput succedaneum" projecting well into the pelvic cavity, which made it difficult to make out the exact position of the head. The patient was much exhausted and exceedingly nervous, and I am sorry to say that I neglected to examine for the fœtal heart. I resorted at once to the forceps, and found no difficulty in applying Hodge's forceps along the sides of the pelvis, regardless of the position of the head. When in position, and locked, the handles of the instruments pointed toward the floor, the woman lying on her back. Made direct traction, in pelvic axis, of course, and the occiput emerging at posterior commissure, and forehead in front, was the first intimation to me that I was dealing with an occipito-posterior position.

The child was dead, with not the slightest injury from the forceps, but with the head much pressed out of natural shape, and indented by laying so long on brim of pelvis. My conclusion was that the delivery might just as easily have been effected when the delay in labor first occurred, and that the chances for the child would have been much better, and certainly have saved the mother much suffering. The woman made a good recovery, and has since had a child in the natural way.

CASE II. Called, at half-past seven o'clock in the morning, to attend Mrs. M., in labor with fifth child; medium-sized woman, with normal pelvis; had pains only a short time; had before had easy and rapid labors. Making a superficial and careless examination, I found the head presented, and os fully dilated, and knowing the ease and rapidity of the patient's former confinements, I told her she would soon be through. Waiting an hour or more, and finding no progress, while the pains were severe enough, I made a more thorough examination, and could feel the bridge of the nose and eyes at the upper edge of pubic bones, and occiput posteriorly, and to the right, making the third position. Waiting perhaps an hour longer, and considering that delays in these cases are dangerous, especially to the child, I applied the forceps, and found, as in the other case, that the handles of the instruments pointed toward the floor when locked, showing that they were applied at the brim. Made direct traction, leaving rotation to take care of itself, and brought the occiput out posteriorly. Did not administer chloroform, as the woman objected to an anæsthetic. Child was alive and lively at once, and is now living. The mother made a rapid recovery. In neither of these cases can I conscientiously say that I had any more difficulty in applying forceps, or in delivering head, than I usually meet with in the high

operation in occipito-anterior positions. The head, in these posterior positions, instead of having the usual elongated appearance, seems nearly square, with the corners well rounded off, but soon assuming the natural shape.

"T. G. C." remarks that "Leishman, in his new work, asserts that the forceps are quite inapplicable to these cases, and that rotation should be depended on instead." This proves nothing, as other authorities, quite as good, recommend the use of forceps, and Dr. Leishman's assertion is much damaged by the fact that good obstetricians are delivering their cases successfully by the very method which he says is "quite inapplicable." "A careful study of the mechanism by which nature effects the rotation" looks very well in a book, and in some cases may answer, but I hardly think that in the majority of cases with which the physician meets it will prove efficient.

"T. G. C." also remarks, "Smellie, more than one hundred years ago, found great difficulty in delivering the head in this position with the forceps, and thinks the same difficulties are to be encountered now as then." While I admit that the same difficulties are to be encountered, I beg leave to suggest that the means of overcoming them have been slightly improved upon within the last one hundred years, especially in two particulars. 1. In improved construction of forceps. 2. In the great simplification of rules for forceps application, by best modern operators.

I do not claim to be authority in this matter, and have simply given my conclusions, from my own experience, which is just what "T. G. C." asks for, and I join with the doctor in asking that some other subscriber will give us their experience, and may be, if so favored, we will get at the truth in the matter. J. S. Bird, M. D.

Hyde Park, New York, April 8th, 1874.

Intermittent Intermission of Pulse.

Ed. Med. and Surg. Reporter.

In the latter part of February, 1874, Mr. W., aged about forty-two, nervous temperament, somewhat broken constitution, though with regular habits of system, of sedentary life, called, complaining of an ill-defined feeling of uneasiness in the cardiac region, and of intermissions of the pulse during every forenoon, but which caused little trouble later in the day. Examination proved the heart to be normal in its sounds, except that every third, fourth or fifth beat there was a distinct intermission. These grew less frequent towards evening, when no trouble would be experienced until the next morning. I placed him on tr. digitalis, of known good qualities, giving twenty drops three times a day. Two weeks passed and no improvement or any special change in the heart symptoms. The remedy was then increased for a week, with negative results. I then withdrew the digitalis and gave quinia sulph., grs. two, every three hours. In four days the difficulty under its use quite disappeared, and in a week the heart beat normally. The number of pulsations were not materially changed in frequency or force at any time. How much had malaria to do with producing these periodic heart symptoms? T. Curtis Smith, M. D.

Middleport, Ohio.

The American Medical Association.

Ed. Med. and Surg. Reporter:—

I regard this as an extremely favorable opportunity for investigators in the profession to present the results of their researches to the great parent body, the American Medical Association. The Judicial Council will remove from the body of the Association so many points of discussion which have heretofore occupied its valuable time, that more attention can be paid to the scientific points. Now let those who sincerely desire the success of this organization contribute their quota, and the next volume will be valuable, both in quality and quantity. Yours, Wibiat.

News and Miscellany.

American Medical Association.

Arrangements have been made with the Lehigh Valley and Erie Railroads to carry delegates to the session in Detroit at reduced fare, via Niagara Falls and Canada. All who desire to join the party must notify the undersigned early, in order to secure tickets.

Wm. B. Atkinson, M. D.,
Permanent Secretary, 1400 Pine street, Phila.

Colorado Medical Society.

The physicians of Boulder, Colorado, organized a Society on March 25th, and elected the following officers:—President, Dr. H. O. Dodge, Boulder; Vice President, Dr. J. B. Barclay, Longmont; Secretary, Dr. I. S. Bond, Boulder; Treasurer, Dr. H. W. Allen, Valmont; Corresponding Secretary, Dr. J. B. Groesbeck, Boulder. We are to hold tri-annual meetings, the first to take place in Boulder, on May 27th.

Trichina in the West.

At a meeting of the St. Louis Board of Health, a few weeks ago, the city chemist reported that he had made microscopic examination of pork from one thousand hogs, retailed at butchers' stalls in the city, for the purpose of ascertaining what per cent. of the pork sold was afflicted with trichina. The flesh from thirteen of the hogs, or one and three-tenths per cent., was found to be infected. The result when the experiment was made with separate hundreds was about the same. The doctor said that the butchers reported that they had sold but little pork during the last few months, and more care than usual had probably been exercised in cooking it. The parasite, when in a hog, was found in all

parts; which must be very cheerful reading to those people who are wont to regale themselves upon the savory sausage or the nourishing bacon.

The Sale of Impure Meat.

A remarkably large seizure of impure meat, offered for sale in New York, was made a few days ago. Eighty carcases of calves were pronounced unfit for food. They were to have been sold from the shops in the poorer quarters of the city, where, between poverty and the lack of knowledge, purchasers of such meat could be found. Stringent measures should be adopted to prevent this flagitious traffic.

The Cholera.

The report from Munich, on March 10th, is that the number of cases of cholera is decreasing rapidly. Since the commencement of the epidemic, there have been, up to the above mentioned date, two thousand nine hundred and thirty-one cases, with one thousand three hundred and eighty-nine deaths. The eminent painter, Kaulbach, was one of the later victims.

On Muzzling Dogs.

Mr. Henry Bergh has addressed a communication to the New York authorities, against a proposed ordinance that every dog when abroad shall be muzzled. Mr. Bergh says muzzling only tends to the creation of the very difficulty it seeks to prevent. "The dog perspires through his mouth, as his skin has no pores. Stop or impede this and a fundamental law of nature is violated." This view is now maintained by the best English veterinary authorities.

Another Living Centenarian.

A correspondent writes us there is another instance of an undoubted centenarian, now residing at the Old Man's Home, Thirty-ninth and Powelton Avenue, Philadelphia. James Headly, a native of Bucks county, and residing there until this spring, was one hundred years old last December. Until very lately he has been in the habit of going with a little cart and mule to Bristol, for coal for his neighbors, and was the admiration of all who knew him. from his lively, active life, and manners always cheerful and happy.

—The distilleries of the country, last year, produced over sixty-eight millions of gallons of spirits. There were four hundred and forty-five of them in which about $70,000,000 capital was invested, seventy thousand men employed, and nearly twenty millions of bushels of grain consumed, four-fifths being corn.

—In a recent trial in Baltimore it was shown that patent medicine men can get almanac certificates of the wonderful virtues of their medicines for fifty cents per head.

Personal.

—Dr. T. H. Andrews has just been elected to the Demonstratorship of Anatomy, at the Jefferson Medical College. Dr. Andrews is physician to the out-door department of the Pennsylvania Hospital, and attendant physician to the Howard Hospital.

—Dr. John W. Gloninger, an eminent physician of Lebanon, Pa., died lately.

—Dr. R. Rodolph Stevenson, who had medical supervision of the Union prisoners at Andersonville, is writing a book on his experiences there as surgeon in charge.

—The Quincy (Ills.) *Whig* says:—Dr. Williams, of Jersey county, has been condemned to pay Josie Carrico two hundred and fifty dollars for breaking a matrimonial promise. Josie is nineteen, pretty, and will invest the money in good clothes.

—A boy in St. Louis swallowed seven brass buttons, because another boy dared him to, and is now laid up for internal repairs.

QUERIES AND REPLIES.

Old Luxations.

Mr. Editor:—Would it be considered good practice to attempt to reduce a luxation of the elbow, of some eighteen months' standing; dislocation of both bones of the forearm backward; subject a man about thirty-five, in good health, compelled to labor for a living?

Illinois. D. T. M.

Reply.—Questionable practice, we would say.

MARRIAGES.

Butterfield—Morton.—By Rev. R. R. Gailey, March 26th, at the residence of Mr. John Steel, Fayette Co., Pa., T. H. Butterfield, M. D., of Pittsburgh, Pa., and Miss Angie Morton, of Philadelphia, Pa.

Hunter—Hayes.—On the 9th instant, by the Rev. Dr. Blackwood, Thomas Hunter, M. D., and Margaret H., daughter of William Hayes, all of this city.

DEATHS.

Carr.—In New York, on Monday, April 6, of scarlet fever, May Hume, daughter of Dr. William S. and Renelche Carr.

Davis.—On April 5th, 1874, at Lebanon, Grafton Co., New Hampshire, Almira H. Davis, wife of Jas. A. Davis, M. D., aged 37.

Gmelin.—On the 8th instant, Charles H. Gmelin, M. D., in the 77th year of his age.

Lansdowne.—In Greenville, O., March 26, 1874, Laura, third daughter of Dr. Z. M. and Mary G. Lansdowne.

Leake.—At Macon, France, March 15, Ruth B. Sabin, wife of Frederick Leake, and daughter of Dr. Henry L. Sabin, of Williamstown, Mass.

Thomas.—In this city, on the 3d inst., Anna Evelyn, wife of Dr. John Greer Thomas, aged 78 years.

Totten.—In New Haven, Thursday morning, March 26, Dr. Thomas Henry Totten, youngest son of the late Gilbert Totten.

Wiley.—In this city, on the morning of the 9th inst., Dr. George Wiley.

THE

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Communications.

THE MECHANISM OF LABOR.

BY L. E. FRANKS, M. D.,

Of Rochester, N. Y.

[Read before the Pathological Society of Monroe Co.]

By the mechanism of labor is meant the forces brought into action by which a child is expelled through the maternal passages.

These forces may, for convenience, be divided into those of the mother and those of the child. On the part of the mother may be enumerated the *uterus*, *lungs*, *diaphragm*, *pelvis*, *perineum*, and *abdominal muscles*, whilst the child exerts a passive action by its presentation, suffering it to become moulded into a proper shape to correspond with the parts through which it is about to pass.

The prerequisites, therefore, are good uterine contractions, a well-formed pelvis, and dilatability of the mother's parts. Such a state of things existing, and one extremity of the child presenting, we should have every reasonable hope of delivery by nature's unassisted powers, and it is only where such a combination of circumstances cease to exist that a knowledge of the mechanism of labor puts the practitioner in a position to subvert complications and conduct his charge to a favorable termination.

For the purpose of illustrating the mechanical part of labor, it will, for all practical purposes, be as well to consider merely head presentations. And as these, as in fact all the rest, follow the same general law, perhaps it will be sufficient to adopt those of the *vertex*, of which there are *six*, *three* occipito-anterior and *three* occipito-posterior; some, as *Baudeloque* and *Flamant*, make *eight*, by taking a right and left occipito-iliac. For my part, I think there are enough in six, and as the mechanism necessarily remains the same, why overburden ourselves with extreme minutiæ, serving only to increase confusion.

Cephalic presentations, too, are by far the most frequent, so much so, that of 20,517 labors in the Maternite Lying-in, of Paris, no less than 15,693 were *vertex* and of the first position.

Respecting the cause of head presentations, a variety of opinions are afloat, as the shape of the womb, suspension of the fœtus by the cord, and parity of the head. Of these, I think the first and last most tenable.

The main points worthy of mention about the pelvis, in its relation to midwifery, are its *diameters*, *straits*, *axes* and *planes*. Now, there is *virtually* but one strait, and that is the channel occupied from the brim of the pelvis to its outlet, and described by the carus curve, which is simply a segmentary circle about 2¼ inches from the posterior edge of the symphysis pubis, and in the line of which the vertex must be kept in order to avoid injuring the mother.

Of *planes* we have two kinds, as the *inclined* and those of the *straits*.

The planes of the straits may be illustrated by a flat covering fitting the pelvic *brim* for the *superior*, and a similar covering fitted to the outlet for the inferior; these, if projected about 1½ inches in advance of the pubes, would meet each other and form an acute angle.

The inclined planes of the pelvis are four—a right and left, anterior and posterior—demon-

strated by bisecting a pelvis through the *symphysis pubis* and median line of the sacrum, then dividing each lateral half just behind the tuberosity of the *ischium* upward three-quarters of an inch in advance of the sacro-iliac synchondroses, and intersecting the ischial spine. The anterior and posterior inclined planes will then represent themselves.

Concerning the pelvic axes, it will be sufficient to say that they are imaginary lines passing vertically through the centres of their respective planes, so as to impinge upon each other in about the centre of the channel, forming a somewhat obtuse angle, the superior being in line with the tip of the coccyx and an inch above the umbilicus, and the inferior in a line drawn from the promontory of the sacrum to the inter-tuber ischial space.

With regard to the pelvic diameters, five only require our attention—three for the brim and two for the outlet. At the brim we have a conjugate or antero-posterior, from the pubic symphysis to the promontory of the sacrum, measuring from 4 to 4½ inches; an oblique, from the sacro-iliac symphysis to the opposite acetabulum, measuring about 5 inches, and a transverse, from one ilium to the other, intersecting the conjugate at right angles, measuring 5 to 5½ inches.

The diameters of the outlet are about the same as those of the brim reversed; that is, the antero-posterior, from the arch of the pubis to the coccyx, is 5 or more, the transverse, from one to the other tuber ischia, 4 to 4½ inches.

These diameters seem to vary greatly in different individuals, and, worst of all, cannot be measured in the living subject any more than the diameters of the fœtal skull whilst retained within the pelvis. Therefore, a knowledge of them is, practically speaking, useless, except when the increase or decrease is so inordinate as to become sensible upon digital examination. That, however, I shall leave to speak of when we come to *deformed*, *contracted*, and too *large pelves*.

I hardly think it worth while to dilate upon the peculiarities of the female pelvis, so will pass that part of the subject, merely observing that it is more delicately built, its alæ more spread, sacrum more concave, excavation more shallow, arch more perfect, and the rami of both pubes and ischium much smoother than in the pelvis of the male.

The diameters of the fœtal skull worth mentioning are its occipito-mental, of 5 inches; its occipito-bregmatic, of 3½; its bi-parietal, of 4; and its fronto-mental, of 3 inches.

From what has been said thus far, we must necessarily infer that a change takes place in the relative diameters of the pelvis and presentation, but two retaining themselves throughout the process, namely, the occipito-bregmatic circumference (3½ inches diameter), representing the successive planes of the strait from the time the vertex enters the excavation until extension, and the occipito-mental (5 inches diameter) agreeing throughout the process on a parallel with the axes of both the superior and inferior pelvic planes.

It is also well to remember that in all occipito-anterior positions the occiput emerges at the pubes, the reverse of the occipito-posterior presentations, where it emerges at the perineum. And in this connection I may state that the fifth may be converted into the first, and the fourth into the second position, by rotating the occiput and bregma on their respective inclined planes; the fifth from left to right, and the fourth from right to left, anteriorly; and by so doing we can often shorten the labor and save the mother much suffering. With regard to the frequency of positions aside from the first, some maintain that the fourth is more common than the second, that the fifth and sixth rarely occur, and it would seem as though the third was admitted more to complete the schedule than from any evidence of the senses.

Now, to close with the subject, let us suppose a case of vertex presentation, first position, and labor just commencing, the full period of pregnancy being accomplished; because, in the case of *miscarriage*, *abortus*, or a *prematurely dead* fœtus, the size may be so inconsiderable as to allow expulsion in any shape. However, in our case there is a well-developed child and pelvis. The head presents at the brim, with both fontanelles on a level; uterine contractions are good; the os is well dilated, and the membranes seem about to rupture; the forehead impinges on the right sacro-iliac synchondrosis; the pains continue, and cause a flexion of the neck, so as to bring the child's chin upon its breast. This causes the vertex, which up to this time was at the posterior edge of the inner side of the left acetabulum, to fall into the pelvic excavation.

The occiput now presses against the ischium on the left, and the bregma is in close apposition on the right; pains continuing, the head is brought down in this position until it meets with

some resistance from the perineum. Now a rotatory or screw-like motion is given to it, in consequence of its gliding on the inclined planes, so that the bregma slides on the right posterior inclined plane, from right to left, into the hollow of the sacrum, whilst the occiput is slipping upon the left anterior inclined plane to the arch of the pubis. Pains now continue a greater or less time, the perineum is stretched, extension of the head takes place, the chin leaving the breast at the time the vertex emerges over the pubes.

This is at once followed by restitution, which is simply a turning of the occiput to that thigh of the mother corresponding to the position the vertex had previous to rotation.

Usually, at this stage of proceedings an interval of ease ensues, to be followed by the expulsion of the shoulders, which occupy the opposite oblique diameter to that in which the head engaged, so that in this, the first position of the vertex, the right shoulder rotates from right to left until under the arch of the pubes, whilst the left glides from left to right on the posterior inclined plane to the perineum, and which, owing to the axis of the inferior strait, is born first.

Thus, so far as mechanism is concerned, the birth of the shoulders terminates the labor, their five inches diameter being compressed to three, the thorax, hips and feet passing out without any change worthy of notice.

CASES OF FRACTURE TREATED IN WOOD'S HAMMOCK SPLINT.

BY JAMES WOODS, M. D.,

Of Schuyler, Nebraska.

Several different methods, and a multiplicity of devices have been offered the profession for the purpose of reduction and retention in fractures, especially of the lower extremities. The importance of this class of injuries, to both patient and practitioner, certainly warrants these efforts; the one desiring to be made as *comfortable* as possible, the other to be *secure*, and both to obtain a *satisfactory result*.

That many of these efforts have been futile is shown in the variety of abandoned appliances to be found in the storeroom of practitioners; but that a really reliable and ready instrument, one that will fulfill the indications, is much needed by the profession, is equally true.

Chancing to see the newly-devised "Hammock Splint" of Dr. Woods, of Toledo, Ohio, I was so much impressed with its evident practicability that I purchased one, and have to report the result of three cases treated in it.

CASE I. FRACTURE OF FEMUR.

William Davis, aged sixteen years, while riding on horseback at high speed, the horse slipped and fell with the right leg and thigh of the rider under him. The resultant injury was a highly oblique fracture of the femur, at about the junction of the middle with the lower third. I arrived in about half an hour after the receipt of the injury, and immediately applied the "hammock splint." After the first dressing my patient experienced no discomfort during the whole course of treatment, and the only embarrassment in connection with it was that, owing to a defect in application of my extension adhesive strips, they had to be replaced during the treatment. This necessarily involved some disturbance of the fractured bone, in consequence of which I left the limb in the apparatus a week longer than I otherwise would have done.

On the thirty-fourth day, finding the union very firm, I removed the splint and applied light board dressings, with bandages. I found but little provisional callus, and on the most careful measurement could detect no shortening. The limb was in every sense satisfactory. No soreness of the heel or abrasions at any point.

CASE II. FRACTURE OF FEMUR.

Joshua Fogg, aged four years, fell through a hole in the floor of the hay-loft, striking on a pole in such a way as to cause an oblique fracture of the left femur a little above the middle of the bone. I immediately placed the injured limb of my little patient in the "hammock splint." I found no difficulty in keeping him quiet and the fractured bone in a state of rest entirely satisfactory; but knowing how restless he naturally was, I kept him in the apparatus a week longer than I otherwise deemed necessary, removing it on the twenty-seventh day.

The limb presented an appearance so nearly normal, that if it had not been for the marks of the adhesive plasters, it could not have been told from the uninjured one. There being no enfolding in bandages or padding with bran or cotton, there was not in either of these cases any perceptible increase of temperature. No cold water or other external remedies were used, and no anodynes were necessary to secure sleep or relief from pain. I succeeded in keeping pasteboard splints on this limb for a week, after

which it was impossible to retain them half an hour at a time, and they were discontinued. In six weeks from date of injury he was walking on the broken limb. No shortening.

CASE III. FRACTURE OF PATELLA.

On February 1st, Jacob Smith, aged twenty-one years, was riding at full speed across the prairie, when the horse slipping on the ice fell to his knees, throwing Mr. Smith to the right on the ice, he also striking on his knees, the right one in such a manner as to cause a fracture of the patella. I reached my patient about six hours after the occurrence of the accident. I found the knee so much bruised and swollen that it was impossible at that time to determine the question of comminution, although I was enabled to trace a transverse fracture, and that the fragments were separated about an inch.

My "hammock splint" being in use, I applied "Ballard's splint" for fracture of the patella, using adhesive strips crossed above and below the patella as directed. I also advised the application of cold water to allay the intense heat of the knee, by changing wet cloths every five minutes.

February 2d. Swelling slightly less; continued water dressings.

February 3d. Swelling still less; knee very tender; water to be applied less often. The instrument seemed to be a well-adapted mechanical device, but my patient complained bitterly of its being hard to lie upon, although it was well padded.

February 6th. Swelling and tenderness subsiding. Removed the Ballard and applied the "hammock splint." My patient expresses himself as greatly relieved, and says that "now" he is "comfortable." Continued water by means of the very simple and efficient irrigator belonging to the apparatus.

February 13th. Doing finely; little swelling and tenderness. Patient says his leg is "cool and comfortable." Discontinued cold water.

February 20th. Removed the splint to-day; but very little soreness or swelling remaining; patient can bend the knee a little without pain. Directed careful passive motion. I now trace the fracture as transverse, with about one-fourth of the upper fragment broken off, so that the patella was really in three parts.

Union is such, that now (April 1st), after more than a month of severe use, the separation of fragments is less than one-fourth of an inch. He walks readily, but after walking some miles, the knee swells considerably.

I have thus had an opportunity to test this instrument in a variety of cases, and found it not only equally adapted, but entirely satisfactory in all, and am fully satisfied that it is just what the profession needs for the whole range of cases that, in the lower extremity, require perfect rest, with extension and counter-extension where it is indicated.

In erysipelas and abscess of the leg it would be invaluable, and would make a support for an amputated stump that could not be surpassed. I have found it easily and quickly applied, and always ready for any case that may occur. There is no need of bandages, and the limb is not only in all parts easily accessible for inspection, but there is no danger of strangulation from that cause.

The extension works admirably; and, being gradual, continuous, and controlable, it is equally adapted to the weak and strong muscles, and will, I believe, produce all that is required, and maintain it against the most powerful.

I have, in each of these cases, effected all that I desired without discomfort to my patient, and was entirely rid of that anxiety usually experienced, because I felt sure that my patient would not suffer material discomfort in my absence, and that when I returned I should find him as I left him.

The irrigator is exceedingly valuable for the purpose of making local application of fluids, and also in any case in which it is desired to protect the limb from contact with the bed clothes. To me, this instrument is indispensable. If I had but a single patient to treat in a year I would not be without it.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC OF PROFESSOR S. D. GROSS.

[Reported by T. H. Fenton.]

Case I—Rupture of Muscle in Lumbar Region.

Gentlemen:—The patient before you, Lewis Bradford, æt. forty-nine years, in carrying a piano, was struck by its slipping upon him, and he received a blow in the lumbar region, on the right side of the spinal column, between the crest of the ilium and the last rib. There is no dislocation of the bones nor of the spinal column, nor fracture of any of the vertebræ or of the ilium. There is, most probably, a rupture of one of the muscles in this region. The treat-

ment will consist in covering the parts with several layers of flannel, steeped in a solution of vinegar and water, one part of the former to three of the latter, to be applied as warm as he can bear it. The parts will then be covered by a strip of oiled silk, paper, or cloth, and the whole be secured by a towel or bandage, the latter to be kept constantly saturated. I would then recommend a Dover's powder, combined with one-sixth of a grain of morphia. This will induce the action of the skin, and relieve the pain. The patient must have a light, nutritious diet, and be kept perfectly quiet. You might, in addition, if desirable, apply a little laudanum and water to the parts. If there had been any extravasation of blood into the surrounding tissues, or any contusion of the parts, we would have applied a solution of the hydrochlor. of ammonia. The only trouble we have in these cases is to keep the patient quiet and perfectly at rest.

Case II—Nævoid Tumor of Right Leg.

This child, William Wilson, æt. seven months, has a nævoid tumor on the anterior portion of the right leg. These tumors are liable to form on the skin and mucous membranes. They appear most frequently on the scalp, and on the face, lips, neck, etc., rather than on the trunk. In the case before you the tumor is of a reddish color, soft to the touch, and spongy in consistence, erectile in its nature, somewhat similar to the warts of a turkey. It is composed of blood-vessels; in this case of veins in the subcutaneous cellular tissue. It is congenital, but at what time it first formed it is impossible to determine. When the child was born the growth was very small. It is free from pain, as is generally the case. In connection with this case, I might say, in passing, that we have several varieties of angeioma.

The first, consisting of enlarged or hypertrophied veins in the tissues beneath the skin.

The second variety, composed of mainly enlarged arteries lying in the subcutaneous cellular tissue. Sometimes there are large aneurisms by anastomosis, having a pulsation synchronous with the action of the left ventricle of the heart. These are liable to expansion, and to profuse bleeding when ruptured.

The third are those whose characteristics are intermediate between the other two, partaking of the nature of both. In these the expansion is not apt to be so great. The second variety is most apt to occur on the eyes or cheeks, involving the soft structures; they happen also, sometimes, in the sinus of the superior maxillary bone; also in the long bones, sometimes in the head of the tibia.

In the patient before you, the tumor may be removed without danger to the parts or from bleeding. You observe I transfix the tumor with two pins, passing at right angles to each other through the base. I then apply a strong waxed ligature around the tumor beneath the pins, drawing it very tight, in order to constrict the mass and stop the supply of blood to it. In five or six days the eschar will be detached, and we then invite the granulating process by the application of an emollient poultice. After this an ointment is applied to protect the new tissues. I will now order three drops of laudanum, to quiet the child. Sometimes, when these tumors are large and well situated, we remove them with the ecraseur, or occasionally with the knife.

Case III—Club Foot.

This child, Mary Hitch, æt. three and a half years, has an affection of a congenital nature. It is known as club foot, or equino-varus. The interior of the foot is depressed, and a lump is formed upon it, caused by the weight of the body. A bursa, or pouch of synovial fluid is formed accidentally or adventitiously, to ward the pressure from off the bones. The foot is deformed, the toes turned in, and the instep notched by a fossa, caused by a contraction of the plantar fascia. It is wider in front than is natural; the heel is retracted, being drawn up by the contraction of the tendo-achillis, and drawn in by the contraction of the tendon of the anterior tibial muscle. This should have received attention at an earlier period of life. I have operated at the age of seven or eight weeks.

When malformations are slight, a cure may be effected without the knife, by means of an apparatus alone; according to the theory of Drs. Barlow, of London, and Sayre, of New York, *all* cases of club foot can be cured with mechanical appliances entirely. I think the result is promoted by the use of the knife.

The tendo-achillis and the tendon of the anterior tibial muscle, and the muscles of the leg, are imperfectly developed, and strength is lost owing to a deficiency in the blood and due to a want of nutrition of the muscles after birth. There was a kind of paralysis, and hence the effect you see here.

Having placed the patient under chloroform, I make a puncture with a sharp-pointed bistoury, about an inch or three-quarters of an inch above the attachment of the tendo-achillis to the bone. This operation was first performed by Stromeyer, of Hanover, in the year 1831. Prior to that period, the attempts at division were wholly unscientific. Having made my puncture with a sharp-pointed instrument, I introduce a probe-pointed tenotome, having previously rendered the tendon tense, by pulling the foot forward. Now keeping my knife in close contact with the tendon, by a sawing motion, I divide it subcutaneously, from before backward. I now make counter pressure with my finger on the opposite side. I then press the foot in the direction opposite to the displacement. The parts are soft and yielding, and thereby facilitate the subsequent treatment. The operation is almost a bloodless one. On a few occasions I have lost perhaps an ounce of blood, owing to the fact of having divided the veins running along the border of the tendo-achillis. I now divide the tendon of the anterior tibial muscle; this brings the foot out much better. I now apply strips of plaster to hold the foot in the desired position,

and will follow this with a bandage, but this is not always done, by any means.

The apparatus used in this case is the well known shoe of Scarpa. Care must be taken in applying this, because if it is unequal, it may produce pain, chafe the skin, and give rise to ulceration. It is well to give an anodyne to relieve the pain. In this case, I shall give eight drops of laudanum. The plaster and bandage should be retained for about six days. The foot should then be well washed and rubbed with spirits of camphor. After the punctures heal, the limb ought to be well rubbed and moved, and the foot turned out. A year generally suffices for the retention of the apparatus.

In the process of healing, an effusion of lymph is poured out, and the gap between the tendons is filled up by a new substance which forms an analogous tissue. We thus gain length, and this is furthermore increased by stretching, which is possible after the new tissue is perfectly formed.

Case IV—Stone in the Bladder.

This child, Howard Steel, æt. two and a half years, is brought to us, supposed to be laboring under a calculus in the bladder. Having given the child a few whiffs of chloroform, I will proceed to sound him, first having well oiled and warmed my catheter. I now introduce the instrument, and discover, beyond all doubt, the presence of a stone. From the sound, I should say the stone was of large size.

You observe, in sounding, I move my instrument carefully from side to side. In children the detection of a stone is generally not very difficult; sometimes, however, it may happen quite the contrary, the stone being very difficult to find.

A child was brought to my clinic last fall, in whom I was told a stone had been discovered, and the presence of it determined by three gentlemen, each of whom had been satisfied of the fact as to its existence. I was only able to discover it after three successive attempts at so doing. The mother of this child tells me it has had some fever, and has been in a very poor state of health. Owing to these facts, I shall not operate on him to-day; I shall order him to be put on the use of quinine and anodynes, giving him also a light nutritious diet, with milk punches, etc.

April 4th. Gentlemen, I again bring before you the child in whom, on Wednesday last, I detected the presence of a stone in the bladder. Since that time he has been treated with quinine and anodynes, together with a light diet. At ten o'clock this morning he had an anodyne of ten drops of laudanum. In this case, I propose to make the lateral operation for stone, which is an easy one if the perineum is not too deep or narrow. Having placed the patient under chloroform, we make the incision on the left side of the raphe of the perineum, an inch and a quarter above the margin of the anus, and carry it downward and outward a short distance below the tuberosity of the ischium. With my finger in the anus, I now divide the transverse muscle of the perineum, and in this case I shall lacerate instead of dividing the left lobe of the prostate gland, which in young children is about the size of an American chestnut. I now introduce my forceps, and having brought them in contact with the foreign substance, I make an attempt to seize it. Sometimes the calculus eludes your grasp, and inserts itself behind the pubes. You must in such a case press on the pubes and raise your forceps. There are two embarrassing circumstances in this operation, viz. 1. Inserting the staff and retaining it in its position. 2. Seizing the calculus. The staff must be held against the arch of the pubis, not using too much pressure. The legs of the patient are flexed on the thighs, and the thighs on the pelvis. Having seized the calculus and removed it by a gentle rocking motion, I inject and thoroughly wash out the bladder with a stream of tepid water. I then tie any vessels which may have been cut. I shall now order an anodyne to be given and the child to be kept perfectly at rest.

April 11th. The child is in good condition, somewhat weak, but otherwise excellently well. As yet the urine passes through the artificial channel. I shall send him home to-day, deeming him sufficiently strong and in a good state to be trusted to his mother. There has been no infiltration of urine into the surrounding tissues, and no bad results from the operation.

Case V—Caries of the Tibia.

Mary O'Neill, æt. 12 years. You notice a slight sore on the anterior portion of the right leg, which has existed since last June. It is connected with the tibia, and began with a swelling; there is no pain at the present time. In all other respects the mother says the child is perfectly healthy, as she also is herself.

Having given some chloroform, I shall explore the parts with my probe, and on examination I find there is some dead bone present. We will now see what can be done with these instruments, consisting of a gouge, chisel and a pair of bone forceps. I also notice a slight swelling attended with some discoloration. It is evidently a cicatrix formed from a previous incision to relieve the swelling of the parts. This case is evidently of a scrofulous character. I shall enlarge this sore or opening and scrape out the parts diseased.

Caries is apt to appear in the long and short bones, and especially in the bones of the tarsus. Caries may be common, accidental, or specific. I shall now make an incision with a scalpel and introduce my chisel. Powerful leverage can be obtained with this instrument. I always prefer the common gouge and chisel for this purpose, in preference to the instruments made by the surgical cutler.

Caries of the bone corresponds to inflammation of the soft parts. We find much more disease in this case than we would suppose from the size of the opening. There has also been some myelitis here. The treatment will consist of the

iodide of potassium, with the bichloride of mercury, just as if you were positively certain that the case was of a specific character; these remedies have been prescribed and used under the direction of a former physician, but I shall continue them with slight increase in the dose of the mercury. In these cases, gentlemen, you should always wash out the parts with a strong solution of laudanum and water; they should be syringed out twice in the twenty-four hours; you may also apply a poultice, if you wish, and if needful you may order one-sixth of a grain of morphia to relieve any pain that may occur.

Case VI.—Œdematous Erysipelas of Penis and Scrotum.

This man, Charles McCoy, aged twenty-seven years, tells us that two days since his testicles and penis became very much swollen, and for which he can assign no definite cause, unless he hurt himself while in the act of jumping from a wagon a short time ago. He states he has had no gonorrhœa for four years, and no stricture at any time. He passes his water freely, and in considerable quantities; his bowels are regular; thirsty very frequently; has pain in his hips, and is chilly all the time. This is undoubtedly a case of œdematous erysipelas.

The scrotum is swollen symmetrically over its whole extent, and the raphe is much more prominent than in the normal condition. It is readily indented, but there is a slight discoloration and distinctly erysipelatous inflammation. The penis is enlarged and the foreskin swollen so as to diminish the size of the orifice of the urethra. He has also some swelling in the groins, more on the right side than on the left. He tells us he had a chill night before last. We call this, as I said before, and without hesitation, a case of erysipelas. We assume there is no rupture of the urethra or infiltration of urine into the surrounding tissue.

We have presented to us, by this case, a local manifestation of a constitutional disorder. It is caused by the disorder of the digestive organs. Dr. Abernethy first called the attention of the world to the connection of disorders of the system with local troubles. In this case an aperient of

℞	Hydrarg. chlor. mit.	gr.v	
	Ext. colocynth comp.	gr.v	
	Pulv. ipecac	gr.j	M.

Ft. pilul.

will do good, to be followed, if there is no action, by a half ounce of Rochelle salts. I shall then order him to have

℞	Quiniæ sulph.	gr.iij	
	Tinct. ferri. chlor.	gtt.xxv	
	Morphiæ sulph.	gr.$\frac{1}{8}$	M.

Ft. mist.

to be given four times in twenty-four hours. His diet must be regulated. He must have no solid food, and especially no liquor. The tincture of the chloride of iron has been recommended, the world over, in cases of erysipelas. It seems to have a power of changing the condition of the blood not common to other medicines. At bedtime we will give him ten grains of Dover's powders to determine the skin. We shall enjoin on him perfect rest in the recumbent position; this treatment was for the constitution.

For the local treatment, we shall first apply a solution of iodine and alcohol, in equal parts, with a camel's hair brush over the parts, once in every twenty-four hours. Half an hour after this application has been made, we will lay over the parts two layers of flannel which have been previously wrung out of warm water, and saturate them with a solution of the acetate of lead and laudanum, over these we will place a piece of oiled silk. A considerable time is allowed to pass between the two applications, in order to prevent the lead from acting on the iodine, and producing thereby the iodide of lead. If the swelling increases, forty or fifty punctures, or small incisions, will be necessary, for the purpose of drainage.

Case VII—Chronic Sore Throat.

The patient before you, Josephine ——, æt. thirty years, complains of sore throat, which has existed for some time, and has become chronic. She has great pain in swallowing, but none at any other time, and little soreness. The tonsils are enlarged and inflamed in a marked degree, as is also the uvula; they are both red and discolored. Her general health is poor. She has some trouble with her liver and kidneys, and complains of neuralgia in the heart and through the entire system. There is great pain in the head. She is also a little dyspeptic. Has no flatulence or eructations. She has cold moist hands and feet, and, as a general rule, where you have cold hands you will find cold feet also, showing a poor circulation of the blood in the extremities.

These symptoms are due to the disorder of the digestion, and are the accompaniments of neuralgia and bad health. Her flesh is soft and flabby, and her sleep is poor, owing, she thinks, to nervousness. I now proceed to touch the throat with nitrate of silver, which may be applied in stick or solution. About an inch or an inch and a quarter of the stick should be taken and fastened in the barrel of a quill, the edges should be rounded off with a wet rag and the stick kept in a dry place. Care should be taken in applying this agent, as it will act as an irritant if too much be applied The touch should be light and rapid. Professor Meigs used to speak of the antiphlogistic touch, which is a very good term. The patient should sit upon a chair, with the head thrown back, and in a position where a good light can be obtained. In urgent cases this remedy may be applied once every twelve hours; in others once every twenty-four hours, or it may be used only every two or even three days. The application is followed by some pain, uneasiness, and trouble. Sometimes we apply leeches, behind and below the ramus of the jaw. Twenty-five foreign

leeches would be about the proper number in an acute case of tonsillitis. In cases of this kind it used to be the custom to take from twenty to twenty-five ounces of blood from a man's arm; this would sometimes afford relief in a few hours.

A solution of water impregnated with alum and tannic acid, and applied with a sponge mop, or in a spray, many times proves beneficial. I prefer the mop to the spray. In children, where the use of a gargle is out of the question, the application should be made by the physician himself, or by a well instructed nurse. Many a child has been lost from the inflammation extending down the larynx into the lungs, proving fatal to life, and all owing to negligence in this respect. In these cases patients' diet should consist of mostly liquid food, such as milk, of articles containing milk, of soft boiled rice with crumbs of stale bread broken up into it, and of aliments of that description. No solid food should be taken. If there is any fever, the ordinary antiphlogistic remedies may be given; the antimonial and saline mixtures may do good. There is great pain in swallowing, and owing to the large amount of mucus deposited, a full anodyne once or twice in the twenty-four hours would prove beneficial in producing resolution. You may tell the patient to bathe the feet in hot water containing a little mustard, she or he, as the case may be, lying extended on the bed with the feet hanging over the edge, and having them immersed in a tub containing the mixture, with a blanket spread over them to confine the steam. The foot bath is very good when properly given. You should keep the feet immersed for half an hour at a time.

The common practice in country houses, of patients sitting in a chair, with feet immersed, for ten or fifteen minutes, amounts to nothing at all. At the same time with the bath a hot lemonade or whiskey punch may be given. Before the bath you may give about ten grains of Dover's powder with a little morphia. This will soothe the parts, promote sleep, and the patient will rise in the morning in good condition. I will now order for this woman a prescription which will tend to equalize the circulation, viz:—

R.	Quiniæ sulph.,	gr. ij
	Ferri sulph.	gr. ss
	Morphiæ sulph,	gr. 1-20. M.

Ft. pil.

To be given three times in the twenty-four hours.

When the patient's skin is clammy, as a rule, you may give quinine and iron, or some preparation of bark and iron, with a little morphia. Sir Astley Cooper has told us that a man exposed on the top of a stage coach during a journey of several days would derive great benefit from a little opium, which almost always would prevent him from taking cold.

I myself have found benefit from this agent in this respect. I frequently, when going on a journey in the railway cars, take a little morphia to prevent cold. It is much better than the thickest shoes and stockings for this purpose.

CHARITY HOSPITAL, BLACKWELL'S ISLAND, NEW YORK.

SURGICAL CLINIC OF PROF. JOSEPH W. HOWE.

Sarcoma.

GENTLEMEN:—This patient has a large tumor, situated on the side of the neck, extending from the parotid gland to the lower portion of the thyroid cartilage. It passes under the lower border of the jaw, and involves the sterno-mastoid muscle. The tumor is hard and compact. It is not nodulated. The overlying integument, and the tissues around it, are not retracted or drawn towards it. It has an independent existence. On the anterior surface you notice a large ulcer, ragged at the bottom, but clean cut at the edge. From this point there has been considerable hemorrhage. This tumor commenced nine months ago as a hard nodule; it grew rapidly, but *without pain*. The patient is over fifty years of age, and you can see that there is no special expression of anxiety about his face, no cachexia. In fact, his countenance is expressive of nothing which would point to serious disease. Now let us examine this case more critically, and endeavor to determine the class to which this tumor belongs. You can at once exclude all benign tumors, on account of the rapid growth and ulceration which you here see.

The question then lies between cancer and sarcoma. They both grow rapidly, but cancerous tumors are always accompanied by pain. This patient has had little or no pain. Hard cancer is nodulated, irregular, and extends into the tissues around, retracting or drawing everything in their vicinity towards them. A sarcoma is usually defined encapsulated, and the tissues are not retracted around it.

Cancer spreads through the lymphatics, involving them and producing a cachexia characteristic of the disease. Sarcoma does not involve the lymphatic system, and there is no cachexia with it.

Remembering the facts determined by an examination of this tumor, we are inevitably led to the conclusion that it is a variety of sarcoma.

The next question which may suggest itself to your minds is, what is sarcoma? The term is derived from a Greek word, signifying flesh. At one time, all sarcomatous tumors were supposed to be soft when cut into, and have a fleshy look. Lately, however, many tumors which do not present this appearance have been added to the list of sarcomata, and the definition is not, therefore, correct. Sarcomata have special characteristics which distinguish them from the benign tumors on the one hand, and carcinomatous on the other, occupying a position midway between the two; at times exhibiting the

utmost malignity in their progress and termination, at others, being comparatively harmless. The benign tumors consist of tissues which exist in the adult, fully developed as the representative tissue in its normal situation. Thus the fat of benign fatty tumors is the same, in its essential arrangement and character, as the fat in other parts. The fibrous tissue of a benign fibroid is the same as fully-developed fibrous tissue in other parts, and so on through the whole list. Sarcomata are made up principally of cells, few fibres, and a delicate intercellular matrix. These are young embryonal cells belonging to the different varieties of connective tissues which have stopped short on the road, and have not developed into the complete, fully-formed tissue.

The *connective tissues* consist of the *areolar, white fibrous, and elastic* tissues, *bone and cartilaginous* tissues, *vitreous humor of the eye and cornea*, and it is of the young cells of these tissues that sarcomatous tumors are developed. And all tumors which are made up of the undeveloped cells of one or other of these tissues are classed under the head of sarcoma. Therefore, as we have various tissues, we have various forms of sarcoma. The first variety has several synonyms. It is usually called the granulation or pound-celled sarcoma. This tumor is soft, encapsulated, and when cut into, a reddish serum exudes from the cut surface. Sometimes it has the fleshy appearance referred to previously. It consists of spherical nucleated cells, resembling the cells of a healthy granulating wound. In fact, it is nothing more than a tumor of granulation substance. The old name for this was *fibro-plastic*.

The second is the *spindle-celled sarcoma*. This is made up of fine stellate cells, with clear nuclei; is dense in structure. When there is much fibrous tissue in its substance it is called a *fibro-sarcoma*. The tumor under consideration in the patient before us is of this variety.

The *giant-celled sarcoma* is made up of very large cells, the largest which are found in the body. The cells are found in normal circumstances in fœtal marrow. The *giant-celled sarcoma* occurs usually in bone, forming the osteo-sarcoma of older authors. The other sarcomatous tumors, such as the myxo-sarcoma, alveolar-sarcoma, etc., I shall not speak of today. The three mentioned are the principal varieties.

Now the cells of a carcinomatous tumor are epithelial in character, and have nothing to do with the connective tissue type of cells. The cells of a sarcoma are connected with the tissue in which they lie. In carcinoma the cells are found in irregular spaces between the fibres, without any connection or continuity between themselves or the tissue around them.

These are the principal points of microscopical difference which separate the two classes. They are both very malignant, both ulcerate and destroy tissue and destroy life. In the case before you, a consultation has decided against any cutting operation for the removal of this tumor, on account of its important vascular connections. I shall endeavor to remove it by the actual cautery. I employ the cautery for the reason that the patient is losing considerable blood daily, and I do not want to ligate the common carotid artery without giving him another chance.

(Dr. Howe, with irons of various sizes, cauterized the tissues around the margin of the tumor to the depth of an inch or more, in that way destroying much of the vascular supply of the tumor. He then cauterized the surface freely afterwards. The eschar was dressed with sweet oil and picked lint.)

Excision of the Humerus—Caries.

This little patient is about three years of age. He has had chronic ostitis of the humerus for nearly six months. The inflammation appears to have been of a scrofulous nature. You can see the thin delicate skin, with the blue veins showing through, over the temples, and as I pass my hand over the neck, I find that the lymphatic glands are enlarged. These point to a scrofulous diathesis. The diseased bone is enlarged, and the enlargement is situated principally in its upper portion. There are two sinuses leading down to the bone, one an inch and a half below, and to the inner side of the joint, the other in front, three inches below the joint. As I pass my probe along the bottom of the sinus a grating sensation is communicated to my fingers. Further on the bone appears to be soft. It crumbles as I press forcibly upon it. This breaking down extends into the substance of the bone at this point, about a quarter of an inch. The disease may involve the joint, though I cannot ascertain that fact with my probe. I shall first cut open the tissues extending from one sinus to the other, and follow the diseased bone upward.

(Dr. Howe then made an incision along the course of the sinuses, and continuing the incision upward found that the joint was implicated. He severed the attachment of the muscles at the external and internal tuberosities, disarticulated and removed the humerus to within an inch of the elbow joint. The upper part of the wound was closed by silk ligatures, the lower part left open and a lint tent placed therein. Before closing the wound, however, it was washed, and pure sweet oil applied thoroughly to the cut surface. The lint was also steeped in oil before being inserted. Dr. Howe seems to think that the oil dressing for wounds of all descriptions is the best, and claims for it better results than any other.)

Now, gentlemen, you see that this bone is irregularly enlarged, and its surface roughened, corresponding to the opening in the soft tissues. You notice cavities extending in the same direction. At the bottom there is a mass of soft disintegrated bone.

These large cavities, as well as the minute ones in other parts, were produced by ulceration of the bone substance, a molecular death of the bone, which we term caries. The process is

similar to ulceration of the soft tissues. There are no large pieces of dead bone in this specimen. No necrosis or death of the bone *en masse*.

Necrosis and caries arise from similar causes in many instances. Cold, scrofula, syphilis, injuries, etc., excite osteal inflammation, and the termination is either in necrosis, which is the same as gangrene of the soft parts, or caries, which, as I have remarked, is like ulceration of the soft parts. Scrofula is more likely to produce caries, syphilis necrosis.

Caries occurs more frequently in children, necrosis in adults. Carious bone is recognized by its crumbling under the pressure of the probe. Necrosis by its rough, unyielding feel. When the piece of necrosed bone separates, it is called the sequestrum. The new bone which forms around it, the involucrum. The removal of the sequestrum is usually followed by cure, provided the disease has spent its force.

Chronic Rheumatic Arthritis of Knee Joint.—Amputation of Thigh.

This man was taken sick one year ago, with a deep-seated pain in the knee joint and a certain amount of stiffness. Two months subsequently there was some swelling around the joint, which has remained about the same to the present time.

Comparing the two joints, you can see that the one complained of is much larger than the other. And that this enlargement seems to be in the ends of the bones which enter into the articulation, rather than in the cavity of the joint. There is very little fluid in the cavity. The tibia is not in its normal position, but has been carried backward about half an inch, and rotated inward. As I press on the patella, and bring the joint surfaces in contact, a grating sensation is communicated to the fingers. From this opening in the soft parts above the joint there is a profuse discharge of fetid pus. The pus has burrowed around the lower part of the femur, and in the tissues to the right side of the joint as far down as the head of the fibula. The discharge and pain have been very great. The patient is running down rapidly. The disease has resisted all the ordinary remedies, and now it has been decided by consul ation that the poor man's only chance is in amputation. But first let me say a word about the diagnosis between this case of chronic rheumatic arthritis and chronic synovitis. The former disease rarely attacks large joints. It is usually found in the joints of the fingers or toes. In these situations we are in the habit of calling it rheumatic gout or rheumatoid arthritis. In the large joints we term it chronic rheumatic arthritis. The inflammation may commence in the ligament, cartilage or bone. Usually it starts in the latter, and gradually extending, ultimately involves all the structures entering into the articulation.

Synovitis commences in the synovial membrane, and only in its last stages affects the articular lamellæ covering the end of the bone, but you never witness the enlargement of the bone as you do in arthritis. In the latter there are also nodosities or irregular osseous growths around the joint, and eburnation of the articular surface, which is never found in synovitis. When the joint surfaces are moved over each other in arthritis, a peculiar grating is felt, which is not present in the other disease. The greatest amount of swelling in synovitis is at the sides of the joint, where the ligamentous structures are deficient or weak, and there also is the greatest amount of tenderness. In chronic rheumatic arthritis the swelling is more uniform, the pain is felt more or less all over the joint, and partial dislocation is of common occurrence, from destruction of the ligaments. The bones are not displaced in synovitis.

When arthritis attacks the small joints there is little difficulty in making a diagnosis. The peculiar deformity and enlargement you have often seen at medical clinics, and I will not dwell on them.

With regard to treatment little can be said; our main reliance is in colchicum administered frequently in small doses, friction, counter irritation, fresh air and good diet.

Operation.—Dr. Howe did not wish to use Esmarch's bandage in the usual way, for fear of carrying the pus which was around the joint up into the tissues. He, therefore, began the bandage above the joint, and carried it to the upper third of the thigh. He then made a circular cutaneous flap in the usual way, and removed the femur and muscles at the lower third of the thigh. The vessels were then ligated, the skin drawn over the stump and secured by sutures, and the usual dressings applied. Dr. Howe suggested that great care should be taken in dissecting up the flap, for fear of injuring the subcutaneous vessels. And for this reason the edge of the knife should be always turned inward.

Medical Societies.

MEDICAL LIBRARY AND JOURNAL ASSOCIATION, NEW YORK.

PRESIDENT, JOHN C. PETERS.

March 27th, 1874.

Hip Joint Disease.

Dr. Louis A. Sayre enlivened the proceedings of the association by bringing in twelve or fifteen cases of hip joint disease, to show the benefit of treatment. He made them still more interesting by showing the photographs before and after treatment, and at the same time the specimens of bone which had been removed from each patient in the operation of exsection of the joint.

Dr. Sayre took the ground that hip joint disease is independent of scrofula, and has for its origin some local injury. This is evident from the fact that many of the patients affected with the disease are otherwise quite healthy. This

universal belief, to quote the language of the president, has been a *Chinese wall* around the disease, keeping off from it unbiased inquiry. If the disease is properly treated there will never be any need of exsection of the joint, and possibly, ere long, the operation will become obsolete, from the fact that no cases demand it. It is important to examine closely the patient in the earlier stages, for if not, the case will be very liable to pass without a diagnosis; and, in examining it, there should be nothing below the patient but the hard table or the floor, and at the same time the patient should be completely naked. In the first stage we have pain and muscular rigidity. In the second we have pain continued. But the limb is flexed, everted, abducted, and rotated outward. This is the stage of effusion. In the third stage the effusion has, by ulceration, made its way outside of the capsule, and now we have a relief to the pain, and the limb, instead of being abducted, is adducted, just the reverse of the second stage. The treatment in the first stage is rest; counter irritation by means of the actual cautery to the side of the nates is productive of great benefit. But when the disease has passed to the stage of destruction of the joint exsection then becomes necessary. The operation of exsection that proves best adapted for this class of cases consists in placing the patient so as to rest on the sound side; a point is then selected midway between the trochanter major and anterior superior spinous process of the ilium, and at this point the knife is carried boldly downward into the acetabulum; thence the incision is carried in a curved direction around the trochanter major, dividing the skin, muscle, and capsule, crossing the trochanter a little back of its middle, the curve of the incision terminating forward at a point corresponding to the base and anterior margin of the trochanter major. By this method it is rendered certain that the incision will be of sufficient size to expose freely the head of the femur. The fibres of the gluteus muscle are separated longitudinally, and the incision presenting a curve with its convexity backward leaves a dependent wound for the free escape of pus. When the thigh is carried across the body the diseased bone protrudes through the incision, and is readily removed. By means of a heavy scoop knife all carious bone may be gouged out. Dr. Sayre has operated in forty-five cases; thirteen of them died, but only eight of them were directly the result of the operation.

Dr. Taylor said he never performed the operation, though he should if a case was found which required it. In about two hundred cases, in dispensary and private practice last year, there was not one fitted for it. His observations led him to conclude that not more than one half of one per cent required operation. He was of the opinion that the disease could be cured at a later stage than was generally supposed, by proper mechanical treatment, and if attended to properly at the outset the case will never demand an operation. These statistics are valuable for the better understanding of the disease. His opinion coincided with that of Dr. Sayre in respect to the disease being independent of scrofula. It may occur in scrofulous cases, and if it does the prognosis will not be so favorable, but scrofula itself is not the cause.

On motion, the thanks of the association were tendered to Dr. Sayre for his kindness in presenting such an interesting selection of cases.

Dr. Post said that the association were under obligations to Dr. Sayre for showing such an array of cases. He had seen much benefit from the use of the actual cautery in the earlier stages of the disease. He recollected one case of exsection of the joint which had an unfortunate termination. After the operation it was found that the whole limb mortified, and it was found that, after the operation, the upper extremity of the femur had worked around the femoral vessels and occluded them.

Editorial Department.

Periscope.

Bromide of Potassium in Albuminuric Convulsions.

The London *Medical Times and Gazette* says that M. Gimbert brought before the Société de Thérapeutique the particulars of a case of albuminuric convulsions, as exemplifying the utility which may attend the administration of large doses of the bromide of potassium in this disease. He observed that medicinal substances not infrequently lose their reputation in consequence of the exaggerated manner in which they are employed; and this has been somewhat the case with the bromide. Still, there are circumstances in which doses which usually would be regarded as excessive prove of great service. The case in question occurred in the person of a man thirty-five years of age, who until 1870 had always enjoyed good health. He then became the subject of undefined pains in the back and chest, which were regarded as rheumatic. In January, 1871, he was found to be suffering from chronic pleurisy, and three litres of albuminous fluid were removed by the aspirator. After apparent recovery, he was attacked at the end of November by acute albuminuria, which two days afterwards was attended with convulsions, which after fourteen hours' duration

yielded to mild venesection, he remaining, however, for a week insensible. Early in 1872 he came under the author's care at Cannes, and again suffered from pleuritic effusion and the passage of large quantities of albuminous urine. We need not pursue the details of the case, it sufficing to say that on March 6 the patient had another fearful attack of convulsions, which for some hours threatened his life. Owing to his anæmic condition, it was not thought prudent to employ bleeding or chloroform, and the bromide was therefore administered in ten-gramme doses, per anum, as trismus prevented this being given by the mouth. This proved successful in relieving the convulsions, although the patient died seventeen days afterwards, with symptoms of uræmia. In this case twenty-four grammes of the salt had to be administered before the convulsions were arrested; but this is a quantity far less than the doses which have been employed by MM. Huette, Puche, and others.

In the discussion which followed M. Bucquoy observed that he had long employed the bromide in the treatment of albuminuric convulsions, and usually had very good reason to be satisfied with it. He sees a great number of cases at the Cochin Hospital, which he attributes to the fact of there being numerous tanneries in its vicinity, the workmen employed in these being subjected to high temperatures and subsequent chills. He first resorted to this treatment in a case of very bad albuminuric eclampsia, in which the administration of eight grammes was followed by speedy recovery. Since then he has tried it in a considerable number of cases, and mostly with success. He thinks the bromide is preferable to venesection, which enfeebles the patient, and renders convalescence tedious, while some patients are in too exhausted a state to admit of its employment. Saturnine eclampsia, also, yields just as readily to the bromide. M. Bucquoy gives two grammes at a time, never exceeding ten grammes in the day.

Cold Applications to the Neck.

Dr. B. F. Richardson, in the London *Medical Times and Gazette*, recommends a neck bag of rubber, with a constant stream of cold water through it as an efficient means of applying cold locally to the neck. He says:—

I have used this method of applying cold to the cervical region now several times, in pyrexia, with increasing confidence in its usefulness. In a case of apoplectic seizure, with convulsions, in a lady of middle age to whom I was summoned, I found a temperature of 102° Fahr., with deep unconsciousness, rapid pulsation of the carotids, and intense fullness and tension of the jugular veins. In this extreme instance I had the cervical region enveloped in a bladder of crushed ice, with the result of a fall of temperature to the natural standard in six hours, a quiescent condition of the circulation, and a subsidence of all the acute symptoms, so marked in character, it were, I think, impossible to doubt that cause and effect were in their true place. This patient made a good recovery, and, although I do not attribute the recovery solely to the special remedy now being considered, I am convinced the remedy was of good service.

I had an opportunity of trying the effect of this mode of applying cold on myself. I took a feverish catarrh, attended with a rise of animal temperature to 100° Fahr. I had the bag neatly adjusted, and let pass freely through it water, taken simply from the cistern, the temperature of the day being at freezing-point. As the water current began to pass over the front part of the neck, with a gentle pressure which I regulated myself by the stopcock, I felt the effect of the cold very deeply, and at first not pleasantly. In three or four minutes, however, though the skin over the throat was ten degrees lower than on the other parts of the body, the sensation of cold was lost, and all unpleasantness was gone. Within a quarter of an hour I was conscious of a general reduction of fever, and of lessened vascular activity. The cold also had a soothing influence, producing desire for sleep. On this followed perspiration, and within two hours a reduction of the temperature to the natural standard.

These effects were satisfactory, because no other mode of treatment was employed to complicate the experience.

I shall look out with interest for the results of the observations of other practitioners on this method of reducing pyrexia. It stands on a good physiological basis; I believe its practical worth is clear; and I would that its usefulness were tested by the independent observation of other workers in our common field of labor.

I would urge on those who may study the effect of cold, more or less extreme, applied to the cervical region to observe the influence it exerts, in different classes of cases, upon the heart. If I am correct that it reduces the action of the heart, and if I am also correct in the view that it promotes a tendency to sleep, this remedy, so simple, will prove useful in many other forms of disease than acute pyrexia. In acute mania, in cases of insomnia, in cases of palpitation and cardiac irritability, it deserves the test of experience.

Syphilitic Paralysis.

At the Clinical Society of London, lately, Dr. Buzzard showed a patient, aged forty-six, who had recovered from an attack of general paralysis supposed to be of syphilitic origin. The man had been brought to the National Hospital, for paralysis, on January 8th, 1873, with paralysis of both facial nerves, of all four extremities, and incomplete paralysis of respiration, deglutition, and of the right sixth nerves, together with general cutaneous anæsthesia. His condition was so grave that he was at once admitted. He could not lie down, and could only take fluid nourishment by spoonfuls. His attack had commenced one month previously, with numbness in the finger-ends, and weakness of the legs

and arms, which progressed so rapidly that in three days he could not leave his chair. One week after the onset his speech became thick, and he felt a sense of constriction around the waist. After another week his powers of deglutition and breathing were involved. He continued to become more and more feeble, so that when admitted he could not move his legs, and had the slightest power only of using the muscles of his thighs and arms. He was permanently lame in the right leg, from an attack of infantile paralysis in childhood. His health previously to the attack had been uniformly good. There had been no injury, nor diphtheria, nor exposure to cold; and the attack was unaccompanied by fever, pains, or muscular contractions. His pulse on admission was 76°, and his temperature 99°. He had suffered from a chancre and bubo fourteen years previously, which were not followed by sore-throat or skin-eruption. On admission, he was placed on a water-bed; beef-tea, eggs, and wine were ordered; and ten-grain doses of iodide of potassium given three times a day. Within twenty-four hours he had improved; and in a week he could lie down, could close the right eyelid to some extent, and could swallow solid food. The muscles of the legs, in which contractility to faradism had been abolished, now responded slightly to the induced current. In four days more the right eye could be completely closed, his breathing was no longer difficult, and his limbs were regaining power. At the end of January he could close both eyes; and in a few weeks more all the facial muscles had recovered. Towards the end of March he could stand with assistance; and on May 6th he could walk with some help. On May 21st, four months and a half after admission, he was discharged, and a week or two afterwards resumed his employment, which he has since regularly carried on. At the present time he shows no traces of his attack. His treatment consisted of iodide of potassium in gradually increasing doses, amounting at last to sixty grains three times daily; and this was followed by subcutaneous injections of the chloro albuminate of mercury for two months (for the formula, see *Lyon Méd.*, June 1872). Dr. Buzzard was of opinion that the attack was due to syphilitic thickening of the dura mater about the basilar process and upper part of the spinal column, causing pressure upon the pons varolii and spinal cord.

On Pyemia.

A very animated discussion on this disease has lately occupied the attention of the Clinical Society, of London. Reviewing it, the *Lancet* says:—

It must be confessed, therefore, that it is by no means an easy task to reconcile the contradictory statements of the two classes of disputants. The question whether pyemia is or is not a hospital disease, and whether it does or does not occur in private practice, are not so simple as they at first appear. That it may occur and has occurred in private practice is indisputable, but it is contested that in such cases the disease either did not originate therein, or was at least dependent on the operation of causes identical with those which so commonly prevail in hospitals. It is a mere waste of words to attempt to argue away the large influence that pyemia exerts on the mortality of hospitals; or, on the other hand, to deny the frequent and intimate relationship which exists between hospital conditions and the occurrence of pyemia. The facts stare us in the face, modify them or contort them as we may. It is doubtless true, as Sir James Paget has said, that in a well-managed hospital pyemia will not be more frequent than in private houses; but this is really the giving up the whole question in dispute. Those who maintain that pyemia is a hospital disease, and that it is only found where hospital conditions are known to operate, do so, we presume, only on the evidence afforded by experience of the majority of large surgical hospitals as they really exist. It is evident that if all hospitals were actually as perfect as theoretically they may be rendered, and if every conceivable fault were removed, and the management and administration made incapable of improvement, then the influences which now prevail would no longer exist, or would at least be reduced to a minimum. But the contingencies of life are so capricious, and our physical and moral resources so limited, that it is doubtful whether we shall ever attain to that degree of perfection which will convert our hospitals from lazar-houses into the purest sanitoria and convalescent homes. Mr. Cadge, for instance, in his able and practical remarks at the Clinical Society, stated that at the Norwich Hospital pyemia had been on the increase for many years past, notwithstanding all that had been done to improve the system of drainage and ventilation. The explanation of this increase he finds in the overcrowding which has necessarily occurred during the last few years, from the increase of the population (the size of the hospital remaining the same), and from the larger number of serious wounds and injuries.

The *Medical Times and Gazette* adds the following remarks:—

Thus, it seems to us, that (1) the term "pyemia" stands for a class of cases included under the more general terms of "ichorrhæmia" or "septicæmia;" and (2) that it signifies a particular set of results excited by the action of a septic poison upon the system, but expresses no theory as to the nature or source of that poison.

The one fact beyond all others which has been made clear by this discussion is, that pyemia occurs in private practice. It ought not to have required, and perhaps it did not require, a prolonged discussion to prove this fact. Unquestionably some of the worst cases of blood-poisoning, ichorrhæmia or septicæmia, and pyemia, are admitted into the London hospitals from the houses of the poor, the whole

systems of the patients being thoroughly affected before going to the hospital. So, too, are some of the worst cases of erysipelas and phlegmonous erysipelas. In all probability these last-named diseases are milder and different expressions of the same kind of blood-poisoning as pyemia and septicæmia Certainly diffused inflammatory changes in the cellular tissue are a very fertile source of systemic infection running on to pyemic results. If, then, a case of phlegmonous erysipelas passes on, after admission to a hospital, into one of pyemia (as does sometimes happen), that case of pyemia ought not to be considered as having had a hospital origin. The seeds of the disease were planted previously to admission, and were imported with the patient into the hospital ward. What, then, becomes of the value of the term "hospitalism?" As standing for a disease or a set of diseases it is superfluous, pretending and yet unmeaning.

The Management of Staphyloma.

On this topic, Mr. Jabez Hogg advises as follows, in the *Medical Press and Circular*:—

My method of treating staphyloma of the eyeball when the patient has a faint perception of light is, by section of the ciliary structures, or by seton to stop the augmentation of the staphyloma, and arrest further destruction of the tissues; should this prove successful, I then further attempt to make an artificial pupil, that is, whenever a small sound portion of iris can be seen. The insertion of a seton dates, I believe, from the days of Celsus, so that this is by no means a new operation. A single thread of silk passed through the anterior chamber establishes a drain, which, in a day or two, sensibly diminishes the protruding eye, and if the inflammatory action thus set up is carefully regulated to the necessities of the case, an amount of success will be obtained which will relieve the patient of much suffering, as well as the cost and trouble of an artificial eye; a matter of some importance to a poor person. The after-treatment consists in topical applications, as calomel, etc., to the eye, and the internal administration of iodide of potassium and other absorbent remedies. A staphyloma is, however, often a very ticklish affection to meddle with, and even a carefully inserted seton may set up a destructive ophthalmitis and necessitate removal of the eyeball.

A medium operation, abscision of the front of the eye, is among the oldest known in surgery. Celsus described and gave minute directions for its performance. When the eye has been in a quiescent state for some time, and appears otherwise free from recurrent inflammation, for cosmetic effects and for the removal of an inconvenient and unsightly protrusion, abscision is a safe and useful operation. In this operation the nervous tissues of the eye must be as far as possible avoided, and the sclerotic should be invariably closed by sutures. My mode of operating consists in first transfixing the eyeball with two needles armed with silk, then abscising the cornea at the junction of the sclerotic and above the needles, bringing the edges of the wound together by tying, and finally applying with tolerable firmness a pad of cotton-wool and a bandage.

In every case when the staphyloma is associated with sympathetic irritation of the other eye, the patient complains of weak sight and a contracted field of vision, objects appearing to be diminished in size, or when from a slight cold there is a constantly recurring inflammation, with neuralgic pains, I at once decide upon enucleation. In some cases the pain appears to arise from a chronic inflammatory state of the choroid coat, for after removal this tissue and the lens have been found converted into a bony mass. Very frequently the iris is found adherent to the pseudo-cornea, and so much of it has been removed by absorption that, but for its shaggy uveal coat, it could not have been detected.

As to the method of performing enucleation of the globe, I adopt, with a slight modification, O'Farrall's operation, removal within the sheath. By a free division of the internal rectus and a blunt-pointed pair of scissors passed in close to the globe, I generally manage with one cut to separate the optic nerve; with but little trouble the eyeball slips out and the operation is finished. The bleeding which usually follows division of the several vessels is quickly arrested by the application of a stream of cold water. I am rarely troubled by any return of the hemorrhage when reaction sets in or sickness follows the administration of the anæsthetic.

The Action of Fats.

Dr. Day has reported a series of experiments in the Australian *Medical Gazette*, quoted in the London *Medical Record*. He says:—

"My present belief is, that fats, either in or out of the body, are incessantly absorbing oxygen and converting it into peroxyd of hydrogen; that in the body they produce the first change in the inspired oxygen, and convert it into peroxyd of hydrogen, ready for conversion, through the agency of the blood-corpuscles, into some still more active form of oxygen, probably ozone.

"In conclusion, I will briefly mention those points in the chemical properties of peroxyd of hydrogen which are possessed of the greatest physiological interest.

"1. It is a powerful oxydizing substance, and is chiefly characterized by the ease with which it parts with half its oxygen. Its oxydizing powers are much greater than those of common oxygen, but less than those of ozone, into which it is supposed to be converted in the presence of blood.

"2. It is chemically indifferent to albumen, and may be kept for a long time in contact with it, without undergoing change; in this respect it differs widely from ozone, which acts energetically on albuminoid substances, particularly when they are beginning to decay.

"3. It is destroyed by heat.

"Now, assuming that peroxyd of hydrogen is a normal constituent of fat, this last-named property may help to explain why persons suffering from rheumatic fever and other diseases in which the temperature of the body rises to 107° Fahr. invariably die; for we are told by writers on chemistry, that peroxyd of hydrogen begins to decompose at 100° Fahr., and that it decomposes with great rapidity at higher temperatures."

Treatment of Otorrhœa.

M. Ménière, in the *Journal de Médecine*, translated in *The Practitioner*, says that:—In all cases of otorrhœa great attention must be paid to the constitution, so that scrofula, syphilis, or other constitutional disease should be treated by appropriate general measures. In this lies an essential element of success in all instances. Systematic injections play an important part; they cannot do harm, and they are almost certainly productive of immense advantages. Cleanliness is a capital point in the treatment of otorrhœa, and nothing is better for this purpose than pure warm water injected from an ordinary syringe with moderate force, the nozzle being placed fairly within the meatus. The caoutchouc pears may be used, but the stream they give is less continuous and strong than that from a syringe. In the early stage, and when the otorrhœa is accompanied by sharp pain, the treatment is but little different. A good injection is composed of warm decoction of marsh mallow, in which one or two poppy heads have been boiled; this may also be poured into the affected ear, the patient resting his head on the sound side. A leech or two may also be applied behind the ear, the second being allowed to attach itself to the same point seized by the first. The whole ear may be covered with a poultice of linseed meal on which a little laudanum has been sprinkled. M. Giampiétre recommends as a topical application the instillation into the meatus of two or three drops of a liquid containing one-sixth of a grain of aconitia in one ounce of distilled water. M. Ménière rejects the instillation of laudanum, ether, or chloroform. He objects also to the instillation of oil of almonds, and other similar fluids, so commonly employed; he thinks they often serve to aggravate the original evil. Where the pain is very intense he adopts the plan of subcutaneous injections of morphia, etc. Otorrhœa of old standing is more frequently complained of by patients than acute attacks; and in their treatment warm injections are always indicated. The fluid injected may be either pure water or a very weak solution of alum, one to five grains in two ounces. Solutions of sulphate of zinc and acetate of lead may also be used of the same strength. No other treatment will effect improvement, if injections, which remove pus and the secretions of the meatus, are neglected. A little piece of wool dipped in a weak solution of carbolic acid may be placed in the orifice of the meatus after each injection; a little weak solution of nitrate of silver may be employed in the same way, and may also be injected once a day, the ear having been first thoroughly cleansed by the injection of warm water, and dried by the subsequent introduction of a little warm dry wool. Neither of these topical applications, and especially of carbolized glycerine, is painful or harsh, as they simply cause a tickling sensation in the ear, and the secreting surface is thus modified without harm. M. Ménière frequently uses the following lotion, the ear having been previously injected with water and dried:—

Water, 200 parts.
Glycerine, 100 parts.
Sulphate of zinc, 5 to 6 parts.

Another lotion, which may be used even when there is great vascularity at the bottom of the meatus, and even in cases of perforation of the tympanum, is:—

Acetate of lead, 5 to 15 parts.
Water 300 parts.

In both cases a few drops may be allowed to remain in the ear for eight or ten minutes. By the use of these means it is not to be expected that every case of otorrhœa will be cured, but at all events the disease will be prevented from getting indefinitely worse, and the patient placed under the most favorable conditions for special treatment.

On Anti-Malarial Plants.

In an article in the *Medical Press and Circular*, Dr. C. A. Gordon, Deputy Surgeon-General in the British Service, says:—

In past ages there appear to have been instances of a sort of instinctive resort to certain plants as disinfectants. Herodian relates that during a plague in Italy, in the second century, strangers crowding to Rome were directed by the physicians to retreat to Laurentum (now San Lorenzo), a place so called from the abundance of *Laurus nobilis*, or sweet bay tree, which then grew there, and by inhaling the odor of which they would in a certain measure be guarded from infection. And long before the time alluded to, the disciples of Empedocles had been accustomed to plant aromatic and balsamic herbs in the neighborhood of their dwellings, in the confident belief that by so doing they were providing means of defence against fevers, etc. To this day we have the name of "Feverfew" as the appellation of one of the strongest-scented compositæ, with traditions of its abounding febrifugal powers; and, it may be added, "if we are wise we shall imitate the citizens of Laurentum, and promote the growth of bay trees wherever the soil and climate will allow them to flourish." Besides all these, some resin-yielding and aromatic plants have the reputation of destroying malaria. There is reason to believe that several species of the natural order *Myrteceæ* possess this property, besides the *Eucalyptus globulus*. Of late years this plant has

obtained a high reputation for its assigned power, and some writers have recommended its introduction with a similar object on the Gold Coast. Various examples of its success in Algeria are recorded. At Pandook, on the banks of the river Hamyze, fever was extremely prevalent. In 1867 several thousand plants of the eucalyptus were introduced, with the immediate result of rendering the locality healthy. A similar result was obtained at Ben Machydon and Gue de Constantine, in the island of Corsica, in Cuba, in the Australian Colonies, at the Cape of Good Hope, and other places. Probably other trees which yield aromatic gum resins would have a similar effect, and it is not known that malarious diseases prevail in places where trees of the natural order *Coniferæ* grow abundantly.

Various other plants have obtained a reputation as being capable of destroying "malaria," or at any rate rendering that influence innocuous. Thistles had rendered some parts of the Campagna near Rome healthy, and on the plants being cut down, those districts became again "malarious." Sunflowers appear to have been first planted for a similar purpose in America, and in that country they are said to have been so successfully. Baron von Alsten, whose property was situated on the banks of the Scheldt, and liable to be flooded by that river, planted several patches of the sunflower (*Helianthus*) near his house, and with the result that for ten years his family continued exempt from fever, while in other properties, where no similar precaution was taken, this disease continued to prevail. The plant has of late years been sown in the Mauritius for a similar purpose, and in further recommendation of its good qualities, the observation has been made that it yields forty per cent. of good oil; that the leaves from it are excellent fodder, and the stems, being rich in *saltpetre*, make good fuel. Marshes may also be rendered healthy by the presence of other plants. Among those that conduce to this happy result is the *Pistia stratiotes*. In India, the West Indies, and Africa, the power exerted by this plant in absorbing the deleterious gases of muddy marshes is well-known, and probably it is on this account that in the latter country the plant is held sacred.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Of new journals we note the *Missouri Clinical Record*, a monthly journal of medicine and surgery, edited by Dr. W. A. Hardaway, assisted by Dr. A. B. Shaw and Dr. Chas. A. Todd, published at St. Louis, $3.00 per year. The first number presents a very creditable appearance.

——The valuable study of the therapeutic qualities of the sulphate of cinchonidia, by Dr. Wharton Sinkler, which appeared in the Reporter last February, has been republished in pamphlet form.

BOOK NOTICES.

A Manual of Toxicology, Including the Consideration of the Nature, Properties, Effects and Means of Detection of Poisons, more especially in their Medico-Legal relations. By John J. Reese, etc. Philadelphia, J. B. Lippincott & Co., 1874. 1 vol., cloth, 8vo, pp. 507. Price

Professor Reese has been prominently connected, in his character as toxicologist, with several of the more remarkable *causes celebres* of the last few years; and as Professor of Medical Jurisprudence and Toxicology in the Medical Department of the University of Pennsylvania, his lectures are familiar to several generations of students. His work, therefore, will doubtless take a high rank among kindred treatises.

He commences with a sketch of the mode of action and the evidences of the presence of poisons, stating the comparative value of the various forms in which the latter may present itself. Some general advice is then given on the position in which medical experts stand to the legal profession, embracing several very judicious practical hints, the observance of which will often save the physician money, time and impertinence.

Poisons he classifies as either irritants or neurotics. In the vast number of toxic substances, he passes over with slight, indeed we must say insufficient mention, quite a number of less frequent use; but is quite full on opium, strychnine, phosphorus, arsenic, hydrocyanic acid, etc. Under the last mentioned heading, however, it is singular no reference is made to the artificial oil of bitter almonds, which has been used on several occasions for toxic purposes, and gives rise to a very remarkable and peculiar train of symptoms.

The treatment of cases of poisoning is reviewed briefly, and the tests, chemical and microscopical, quite fully set forth. The work is on excellent paper and in good readable type.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 2, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

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THE MARINE HOSPITAL SERVICE OF THE UNITED STATES.

The purpose, scope, and value of the Marine Hospital Service of our country are less understood than they deserve to be, and up to a very recent date the mass of legislators took little interest in, and had less knowledge about its welfare. A circular letter from the present efficient supervising surgeon, Dr. JOHN M. WOODWORTH, is before us, which sets forth the character of the service, and the important changes for the better in it, in a way which will interest all intelligent physicians.

He observes that, in a general way, the Marine Hospital Service of the United States may be said to be analogous in its functions to the Medical Department of the Army and the Navy, in that it is the medium through which medical and surgical treatment is furnished to the sick and disabled of a large body of men. Its scope, however, is wider than that of those Departments, as well in the variety of duties imposed by law upon the chief of the Service, as in the much larger number of men cared for through it. These men, constituting the American Merchant Marine, aggregate in round numbers about 113,000 souls, comprising the officers and crews of 26,853 vessels, of 3,721,425 tons burthen. Upon the individual members of this body is assessed, by statute, dating as far back as 1798 (1 Stat., 605), a monthly tax, the proceeds of which constitute the Marine Hospital Fund, and out of which is defrayed, in large part, the cost of the Service, the deficiency being met by an annual appropriation made by Congress for that purpose.

By act of June 29, 1870, reorganizing the Marine Hospital Service, it was directed that there should be appointed "a surgeon to act as supervising surgeon of the Marine-Hospital Service, whose duty it shall be, under the direction of the Secretary [of the Treasury], to supervise all matters connected with the Marine Hospital Service, and with the disbursement of the fund." The present incumbent,

being the original appointee under this act, found it devolved upon him to determine, *ab initio*, the nature and scope of the duties of the office thus established; and, with the approval of Senator Boutwell, then Secretary of the Treasury, such an interpretation was given to the language of the law as it was believed would best fulfill the design and intent of Congress in its enactment. Hence it was argued that the Supervising Surgeon, "under the direction of the Secretary," should not only secure suitable medical attendance for the sick and disabled, inspect hospitals, their construction, condition, administration, etc., and, in kindred ways, exercise a strictly professional knowledge and authority, but that he should aim to secure a diligent collection of hospital dues, and the equitable enforcement of the act with regard thereto; that he should become familiar with prices-current of medical, subsistence, and other stores, and with the relative conditions and cost of maintenance, etc., throughout the country, in order to audit accounts, revise requisitions, and determine the necessary amount and character of relief to be furnished at the various ports; in short, that he should, literally, "supervise all matters connected with the Marine Hospital Service, and with a disbursement of the fund."

Of course these varied duties devolved a large amount of work on Dr. Woodworth, which he discharged in so capable a manner that a comparison of the average figures for the two years between June, 1871 and June, 1873, with those for the year ended June 30, 1871, under the operation of the same act, but before the appointment of a Supervising Surgeon, shows the result of these changes has been:—

To increase the number of customs districts in which hospital relief is furnished nearly twenty-seven per cent.;

To reduce the average daily *per capita* cost of such relief about twenty per cent.;

To increase the collection of hospital dues sixteen per cent.;

To reduce the total cost of the Service nine and four-tenths per cent.;

To reduce the net cost to the Government over fifty-one per cent.; and, as a consequence,

To diminish the amount of the deficiency appropriation for the current year to only forty per cent. of that of 1871.

This is certainly a gratifying showing, but it is the fiscal one only; for in the year ending June 30, 1873, not less than thirteen thousand five hundred and twenty-nine sick and disabled seamen were furnished medical and surgical relief, of whom twelve thousand six hundred and ninety-seven were maintained in hospital an average of thirty-three days each, at a total expense, for everything, of only *one dollar a day each!* Nothing could show more conclusively than these figures the excellent management of this benevolent undertaking and the urgent need of it. The poor, homeless, and sick sailor finds kind attendants, clean quarters, and skilled physicians thus prepared for him in all our principal ports (eighty-one in number). Ten hospitals are exclusively devoted to his use.

Much yet remains to be done to better poor Jack's condition, whether sick or well; but that the Marine Hospital Bureau is in excellent hands at present all will feel convinced who examine Dr. Woodworth's recent reports.

Notes and Comments.

Intemperance as Disease.

In a recent essay before the Baltimore Medical Association, Dr. Parrish argued that the "temperance reform" needs to be reconsidered for the purpose of gaining a tenable standpoint on which scientific men may agree. We must deal with it as a disease, and legislation should be such as may restrict the consumer. The remote or constitutional causes of insanity cannot be reached or controlled by law, except so far as the individual is concerned, under the operation of his own intelligence and a co-operative public sentiment, and the same may be said of inebriety. The real source of prevention is an appreciation by the people of what intemperance really is, a condition of disease that should have

medical treatment. It must not be thought that drunkenness is only a vice or a crime. Insanity, idiocy, and even hysteria, were formerly regarded as evidences of demonism. The power of the will to control animal appetite has been over-estimated. In closing the speaker alluded to the demand for alcoholic stimulant in all countries. Alcohol is the basis of a commerce co-extensive with the world, and the demand and supply can only be properly regulated by enlightenment and cultivation. People cannot be legislated into special virtues.

The Prize for a Certain Sign of Death.

The Marquis d'Ourches offered, through the Paris Academie de Medecine, some two years ago, two prizes, one of twenty thousand francs, the other of five thousand francs, for some simple, certain sign of death. The Secretary, Dr. Roger, has quite recently reported on the competition. He prefaces his account of these awards by a lively historical view, in which the various fables concerning premature interments are disposed of very summarily. The old story of Vesalius also receives no credit from him. "Neither is it true," he says, "that men of art have committed cruel mistakes with regard to apparent death. Vesalius, the creator of anatomy, first physician to Charles v and Philip ii, directed his scalpel into the body of a gentleman while yet alive, and for this he was condemned to death, and by commutation to exile in the Holy Land. This is the way history is written! For this fact about Vesalius contemporary chronicles may be searched in vain. The autopsy of the gentleman, the capital condemnation, all is pure invention; and if Vesalius repaired to Palestine it was only for his health."

One hundred and two essays were sent in, but none was deemed worthy the first prize. The second was divided between six competitors. Five hundred francs were given M. de Cordue for his observations on the effects of the flame of a candle on the pulp of the finger. As long as life persists this burn produces ampullæ filled with serosity, while, when life is extinct, they contain nothing but vapor. The condition of the eye has long been constituted a sign, and of late the disappearance some hours after death of the dilating power of belladonna and of the contracting power of Calabar bean has been noted. M. Larcher has been rewarded with a recompense of five hundred francs for the discovery in the eye of what he regards a new sign of death. As the result of the examination of nearly nine hundred subjects, he has observed that a certain sign of death is the occurrence of a shaded and grayish spot, first at the outer portion of the sclerotica, and gradually invading its whole surface. It is a sign of local decomposition which precedes general decomposition by several hours. M. Poncet also receives an honorable mention for a sign as positive and more rapid in appearance, viz., a general decoloration of the fundus of the eye, this changing from the intense red seen by the ophthalmoscope during life, to a yellowish white. M. Molland, one of the official municipal verifiers of death, has obtained two thousand francs of the prize, in consequence of his observations concerning *cadaveric lividity* of dependent parts of the body, made in sixteen thousand subjects. From these he concludes that such lividity is a constant sign of death, which is of the more practical value as it generally appears very soon after death. For investigations as to the *temperature of the body after death* as a sign of death, M. Bouchut and M. Linas have each received one thousand francs.

Masturbation and Insanity.

Dr. J. T. Dickson, in his lectures at Guy's Hospital, takes very different ground from Dr. Maudsley on this subject. His words are, "Masturbation may be the excitant of an attack when there is a predisposition; but masturbation *per se* is not a cause of insanity. It is practiced by the young of both sexes to an incredible extent, and particularly amongst the youth at boarding-schools, but insanity seldom comes of it. It rarely produces mania, and only does so in cases where predisposition exists; and after a time both boys and girls who have practiced it at school give it up."

The Treatment of Tetanus.

We earnestly recommend our readers, should they be called upon to treat a case of tetanus, to give the alternating treatment with chloral and potassic bromide a thorough trial, and report to us the results. Two sure cases of cure are reported in the European journals. One is of a woman of forty, who had wounded her finger with a splinter, which she removed herself. Tetanus occurred one month after the accident, and she had more than ten general attacks in twenty-four hours. Sixteen days after the first tetanic symptoms the patient removed

from the wound a bit of splinter, the size of a pea, which had been left in it unobserved. The usual narcotics having failed, chloral was tried and succeeded. Altogether three ounces and a half were taken in twenty days.

Again, a man of forty had his left temple wounded by a pointed piece of reed. Tetanus supervened, and here, again, a portion of the foreign body was removed twelve days after the accident. He had at first fifteen-grain doses of chloral, and improved much upon them. But the tetanus recurred with renewed severity, and the chloral was pushed as far as one hundred and twenty grains per diem. The patient completely recovered, and had taken, in about thirty days, six ounces of chloral.

The Treatment of Mania.

The treatment recommended by Dr. J. T. Dickson, in his lectures at Guy's Hospital, is peculiar:—

"I cannot," he says, "in too strong terms deprecate the use of sedatives in mania." Opium, digitalis, henbane, cannabis indica, are all condemned. If from any cause a sedative is necessary, chloral will be found to be of value in some instances, although in others it is absolutely useless. "A drug of real value in the treatment of mania is to be found in alcohol. It will calm the most restless and excited mania, and will almost always induce sleep, even in very obstinate cases." It matters little in what form it is administered; wine or brandy may be given, "and may be administered without stint, in any manner in which the patient can be induced most readily to take it."

This strikes us as rash and dangerous advice.

Asthma and Skin Disease.

A singular observation was lately brought before the Royal Medical and Chirurgical Society, by Mr. George Gaskom.

After mentioning that the hereditary character of psoriasis has been much exaggerated, according to the usual acceptations of the term hereditary, he affirms that its connection with asthma forms the most conspicuous feature of this complaint, being discoverable in the history of at least one-third of the cases. In a continuous inquiry, asthma has been sought for in 2000 cases of skin disease, exception being made for those of a parasitic and syphilitic class; and the result has been its appearance in 141 cases, of which 65 are cases of psoriasis. Further observations affirm the dependence of skin disease on the phthisical and arthritic diatheses in the great majority of cases, their influence being observable, with very few exceptions, in those families which present instances of hereditary transmission.

Sanitary Instruction to Women.

The Birmingham correspondent of the British *Medical Journal* writes:—

"On the subject of public health, it is a pleasing duty to record the earnest self-denying efforts of some ladies to teach the mothers of the lower classes the elements of nature's laws as to health. Miss Kenrick and Mrs. Bracey have been lecturing through the session, in public rooms, to upwards of four hundred women, who have showed the greatest appreciation, questioning, and bringing written answers to questions, about food and air, circulation and digestion."

This is an admirable step, and we hope it will soon be followed in this country. There is immense room for sanitary improvement in departments where women alone can effect it, to wit, in housekeeping.

Pruritus Vaginæ.

The London *Medical Record* mentions that Dr. H. Clemens treats this obstinate affection by means of grooved metal bougies smeared with an ointment containing borax and lard in the proportions of one to three. Should he not succeed by this means, he uses the induced current of electricity, by passing a leaden bougie, smeared with the above preparation, into the bladder, to which he attaches one pole, while the other pole is applied to the nape of the neck; a gentle current of inducted electricity is transmitted for about ten minutes at a time. In pruritus vaginæ he passes one pole, with a sponge at the end, up the vagina, smeared with borax. He states that by this means he has cured the most inveterate cases in old women.

Correspondence.

A Case in Surgery.

Ed. Med. and Surg. Reporter:—

Sarah Wells, a colored girl, aged nine years, while riding upon the foot-board of engine No. 1, Kansas Pacific Railroad, October 11th, 1873, accidentally fell under the wheels, which passed over both arms and one leg. I was immediately summoned, and found her in a frightful condition; covered with blood and dirt, and with

three limbs nearly crushed from the body. I called Dr. William H. Thacker to assist me. Chloroform was administered at once, and the right arm amputated about two inches below the elbow; the left one at the point of union of the upper and middle third of the humerus; and the right leg about four inches below the knee. The amputations were performed, and the limbs dressed, within a less period than one hour from the reception of the injury. The shock following was not as great as expected from the extent or nature of the wounds. There was union by adhesion in the upper extremities, but in the leg considerable sloughing took place. Cicatrization, however, was accomplished at the end of the seventh week. The dismemberment of so large a portion of the body, the speediness of the operations. and the favorable results attained in the case, would seem to me to give it some importance to the profession as additional evidence in favor of immediate amputations.

F. J. Bancroft, M. D.

Denver, Colorado, April 4th, 1874.

Remarks on the Treatment of Hæmorrhoids

Ed. Med. and Surg. Reporter.

There are few if any maladies which afflict so large a number of the human race as those peculiarly annoying and obstinate tumors popularly known as "piles." Persons of sedentary habits are most liable to them, though no avocation. no condition of life furnishes exemption. There often exists a hereditary tendency in this as in other abnormal conditions of the system. Some species of monkeys, during close confinement in cages, are subject to a similar affection, of a severe type, the mucous membrane of the rectum extruding and puffing up, like a ball of inflated rubber, in some instances attaining a prodigious size, not unfrequently as large as a small cocoanut.

The most frequent predisposing cause of hæmorrhoids, probably, is an engorged condition of the portal circulation, and in the incipient stage of an attack a dose of blue mass, or better, perhaps, an emetic of ipecac., will often afford prompt relief.

Later the proper treatment is to remove other predisposing causes, and return immediately, promptly, the extruded part. The best way to accomplish all that may be done by local treatment is for the sufferer to be always provided with a little piece of fine sponge, which should be kept, for convenience, in a wide-mouthed bottle. The ordinary four ounce "salt mouth," with glass stopper, answers very well. This should be partly filled with cold water, and invariably taken to the water-closet, and constantly used after every motion of the bowels, to bathe the mouth of the bowel, and immediately after bathing, or sponging, every particle of membrane that does not voluntarily return beyond the sphincter should be gently but firmly pressed well up with the ball of the finger. Sometimes, when there is so lax a condition of the sphincter as to create a disposition to prolapsus ani, sponging with a solution of sugar of lead, three or four grains to the ounce, will be useful. Tannin, used as an ointment, is often beneficial; when there is any abrasion and much pain a little iodoform applied to the part will be most grateful. In a large proportion of cases, during an attack perfect quietude in the recumbent position is a *sine qua non*. But, both as a preventive and cure, judicious pressure is, above all other things, most important; a threatened attack may often be warded off, an attack always shortened, and a seeming radical cure effected, by steady pressure; when there is much sensitiveness, local anæsthesia may be important. For this purpose the iodoform, morphia, or stramonium will usually be found sufficient. The cautious use of ice may do well, and possibly chloral hydrat. may answer. Persons who have attended faithfully to the rational device above indicated, who had suffered almost constantly for years, and so harassed as to be almost incapable of attending to business of any kind, have had immunity for many years, and now wonder why they never, before it was suggested and its importance explained to them, thought of pushing the hæmorrhoids up! When, which is of comparative infrequent occurrence, the hæmorrhoids are internal, and never protrude, astringent lotions, with weak tinct. of iodine, and an alterative medicine, will be found advisable. Sulphur, with bitrart. pot. will answer a good purpose in keeping the bowels soluble. So of mustard seed, and confection of senna; ext. nux vomica is often a valuable adjunct in the treatment of costive subjects.

Flexican.

Compound Calomel Powder.

Ed. Med. and Surg. Reporter:—

On page seventy-six, part thirteen, of the Half-Yearly Compendium of Medical Science, Dr. Battey, of Georgia, gives the following recipe:—

R.	Calomel,	gr. vj.
	Refined sugar,	gr. xij.

Mix in a suitable mortar and grind (*long and diligently*) until they are thoroughly combined in an impalpable powder. Divide into twelve powders. and direct one for the dose, to be placed on the tongue of the patient.

From my first sight of this recipe I was pleased with its simplicity, and at once commenced using it in all cases where evacuation of the bowels was required. One case was that of a man aged about fifty years, with torpor of liver. I prescribed the above powders, one every four hours, with the best of effects. I have also used it in irritative fever in children; also in morbid dentition; all with good results. The powder never failed to act, except where opium had been previously taken. One peculiarity with the recipe is, that the dose is the same for all ages and conditions. I have used it for sick headache, and also habitual constipation, with excellent results.

Patients who are adverse to pill taking swallow the powders gratefully. I am constantly asked for some of those little white powders to act on the bowels; in fact, I am pestered for them almost as much as Dr. K. P. Moor, of Knoxville, is for his "breeding medicine." (*Vide* COMPENDIUM, Part xiii, page 203). Other physicians of this community have been using the above recipe with like results.

A. S. HARSHBERGER, M. D.

Milroy, Pa.

Case of Thoracic Abscess.

ED. MED. AND SURG. REPORTER.

I should like to ask the readers of this journal if any of them have ever had a case of abscess in the pleural cavity under their treatment; if any of them have I would like to hear of their experience, through its columns. I have had an abscess in the right side of my chest for nearly ten years, that, for the quantity of pus discharged, and other circumstances attending it, which for want of space I shall have to omit, is remarkable. From the time of commencement (in the early part of the summer of 1864) until two years ago this spring, it discharged on an average fully half a pint of thick pus every day, through a small opening between the ribs, about an inch below the right nipple.

In the latter part of March, 1872, I commenced using an aqueous solution of carbolic acid as an injection. Under this treatment, by the 1st of May, 1872, suppuration had entirely ceased, which was followed by a contraction of the cavity to about one-third of its original size, and the discharge of a thin transparent fluid which looks like pure water until acted upon by the acid solution. This change was attended with no bad effects, but on the other hand, a great improvement in my general health and strength; with a constant daily use of this injection I can control the suppuration, but beyond this it has little effect; if from any cause I am unable to wash the cavity for a space of eight or ten days it will break out again. At present the sinus, when fully distended with fluid, will hold about one fluid ounce; it is long and narrow, extending upward and backward, and I think that it penetrates the body of the lung. I should here state that the greater part of the right lung is destroyed, or else, as I judge, atrophied; that part of my chest having collapsed.

Should any of the profession who may chance to read this have had any experience with a case similar to this one, and will give their opinion in regard to treatment, etc., they would confer a kind favor on A MEDICAL STUDENT.

Wisconsin.

"Triplet Pregnancies."

ED. MED. AND SURG. REPORTER:—

Two cases, in the immediate vicinity of each other, within the short time of two months, is of such rare occurrence as to induce a report of them. In the *Obstetrical Journal of Great Britain and Ireland*, S. Albert Puech offers some conclusions on triplet pregnancies: "1st. The mean in France is 125 a year, or one case for every 8256 deliveries. As to the afterbirth, he concludes, single 27 times, double 15 times, and sometimes triple (eight times). As to sex, mixed sexes more frequent than of one sex."

CASE I.—Mrs. A., age 34, a delicate, feeble patient, who has been profoundly anæmic for more than two years; married 13 years, and has four children, all at separate confinements; menstruated last, October 10th, 1873. First felt quickening about 15th February; taken with labor March 26th, at 5 A. M., and in less than two hours gave birth to three children, two males and one female. The males were born first (alive), and died within ten minutes. The female was expelled with the bag of waters entire. They were all about the same size, perfectly formed, etc., for the period of gestation. They were born before my arrival. I cannot state the presentation. Placenta single, with three separate cords arising from it; not above the average size for single births. Mother did well.

CASE II.—Margaret (colored), age 40 years, the mother of seven children, a stout, healthy woman, used to hard out-door labor, for which she gets but a poor and scanty living. All her previous confinements were easy, with single births. Menstruated last, about 15th July, 1873; taken in labor on the 22d January, which lasted 12 hours. Gave birth, at 8 A. M. (23d Jan.), to three children, all males, alive. The first two, vertex presentation; third, and last, breech; all born within 20 minutes. Placenta single, with three cords, arising separately. One died in 36 hours, the other two in 48 hours. Mother made a good and speedy recovery.

I am indebted to J. B. Hanna, M. D., for the notes of the second case, who attended it.

THOS. M. WOODSON, M. D.

Gallatin, Tenn., April, 1874.

NEWS AND MISCELLANY.

Kentucky State Medical Society.

The Society met at Shelbyville, April 8th. Dr. Thompson, President, in the chair. The meeting was well attended, the interest lively, and a number of scientific papers read and referred for publication.

Dr. Lewis Rogers read the following resolutions:—

Resolved, That the State Medical Society of Kentucky does cordially unite with the American Medical Association in the memorial to Congress in support of a bill to increase the efficiency of the Medical Department of the United States Army, now before that honorable body.

Resolved, That this society considers it an act of justice that the members of so important a branch of the service, gentlemen of the highest professional attainments and excellence of char-

acter, and charged with such weighty and responsible duties, should hold the same relative rank and enjoy the same emoluments as members of the other staff corps of the army.

Resolved, That it be respectfully urged upon the members of Congress from the State of Kentucky to use their influence in support of the bill in question.

The resolutions were unanimously adopted, and the secretary ordered to inform the Kentucky delegation in Congress of their adoption.

The Medical and Chirurgical Faculty of Maryland.

At a meeting of this body, April 16th, the following officers were elected:—

President, Dr. Henry M. Wilson; First Vice President, Dr. F. T. Miles; Second Vice President, Dr. J. E. Steuart; Third Vice President, Dr. P. A. O'Donnell. For Recording Secretary, Dr. Wilson G. Regester; Assistant Recording Secretary, Dr. G. Lane Taneyhill; Corresponding Secretary, Dr. Lindley Ellicott; Treasurer, Dr. Judson Gilman.

Annual Meeting of Medical Society of New Jersey.

The one hundred and eighth annual meeting of the Medical Society of New Jersey will be held in the Mansion House at Long Branch, on Tuesday, May 26th, 1874, at 7½ o'clock, P. M.

WM. PIERSON, JR., *Secretary.*

Orange, April 20th, 1874.

Medical Legislation in Kentucky.

The Kentucky Legislature has lately passed a law requiring all who attempt to prescribe for the sick to be regularly graduated in medicine by a duly chartered medical college, or they must obtain proper credentials from one of the State Boards of Medical Examiners, one of which is in each judicial district of the State. It may be known that every candidate for practice in North Carolina must pass a satisfactory examination before the Board of Medical Examiners of that State before he can obtain license to practice. Other States are making similar requirements.

The United States Medical Directory.

The attention of readers is asked to the advertisement of this work in our advertising pages. Those who remit for it before June 1st will receive it at the reduced rate of five dollars, postpaid ($5). After that date its cost will be six dollars. Specimen pages sent gratis on application.

Novel Electrical Battery.

Native electricity may, after all, be better than the manufactured article. It is a favorite application in Africa. According to a recent traveler in Abyssinia, fever patients are tied down on a table, and a species of torpedo or electric eel applied to various parts of the body as an infallible remedy.

Longevity of Medical Men.

The London *Medical Times and Gazette* lately argued that medical men in England stand high on the scale of longevity. The united ages of twenty-eight physicians who died last year amount to 2354 years, giving an average of more than 84 years to each. The youngest of the number was 80, the oldest 93; two others were 92 and 89 respectively; three were 87, and four were 86 each, Sir Henry Holland being one of the latter. There were also more than fifty whose average age was between 74 and 75 years.

Real Cannibals.

The German traveler, Dr. Schweinfurth reports real cannibals in Africa. He describes a meal he witnessed, of a stewed baby, only two days old, whose mother had deserted it. The baby was dying while the preparations for cooking it were already commenced. This is the real truth, and no traveler's joke, as the babies and fond mothers would quickly discover should they visit the tribe of Monbuttoo. It may be asked, "How did Dr. Schweinfurth escape?" but it must be remembered that these cannibals do not eat men of science, who are generally very lean.

Too Much of a Good Thing.

The London *Spectator* thinks too much attention may be paid to health. It remarks:—Ill health should be avoided, of course, by State action as well as personal care, inasmuch as it diminishes mental and physical force; but as we are all under sentence of capital punishment, is it worth while to make the enormous fuss everybody is now doing about everything which makes, or possibly may make, death come a little quicker? Is there no force in Frederick's apothegm, as he caned the flying soldier: "You rascal, do you want to live forever?"

Medical Mnemotechny.

The *Guy's Hospital Gazette* contains the following mnemonic distich on aneurism of the arch of the aorta:—

Patient cannot swallow food
So well, he says, as once he could.
Œdema, pain, sometimes pulsation,
Something wrong with Respiration.
Five may-be causes for dyspnœa;
Veins, vagus, bronchus, lung, trachea.
If these are by the tumor pressed,
The breathing will be much distressed.

—M. Chevalier mentions a practice of some manufacturers, of weighting their silks with a solution of lead acetate, by which means poisonous properties are imparted to the silks, as well as an increase in weight.

—The ceremony of breaking ground for the new hospital for the insane, at Warren, took place on the 16th inst.

—A death from hydrophobia occurred in this city, about four months after the bite.

Personal.

—Dr. Harry Sims, son of Dr. J. Marion Sims, is to marry Miss Chickering, daughter of a member of the celebrated piano manufacturing firm.

—Dr. Viale, the Pope's physician, and one of his most intimate friends, has just died in Rome, at the advanced age of eighty-five.

—Last month a memorial window was unveiled, at Folkestone, in honor of Harvey, over the western porch of the parish church. It is also intended to erect a memorial aisle.

—Dr. H. G. McAllister, of Cincinnati, died last month, of an overdose of chloral and bromide of potassium. The dose is said to have been one-half ounce bromide of potassium and one drachm of chloral.

—Judge Williams, of Chicago, decided on the application of Dr. Paul Schœppe, alias "Count" Schulenberg, for release on habeas corpus, holding that the suspension of sentence was obtained by fraud upon the court.

The judge, in his remarks, said, "The prisoner, in my opinion, is a bad, dangerous man; thoroughly a villain from head to foot. Counsel have very eloquently urged that he has been seeking to lead a new life; but everywhere we track him by his crimes. I do not think he is a man in whose behalf the law should be stretched. He is entitled to the same rights as any other citizen, and no more. The fact of his superior intelligence renders him but the more dangerous.

—At the resignation of Prof. Hyrtl, the anatomist, in Vienna, the professors of the Faculty stood coldly aloof, showing by their attitude that anything but harmony and good will existed between the eminent anatomist and themselves. The latter, in the different valedictory speeches, avoided allusion, or alluded with great caution, to the causes of his retirement; but it was plain that the enmity of his colleagues had much to do with his resolution.

—The Legislature of Pennsylvania has passed an act appropriating two thousand dollars for the support and education of deaf mutes, the sum to be expended in the Hospital at Pittsburg. Much of the credit of this act is due to the Pennsylvania State Medical Society.

—The third National Penitentiary and Reformatory Congress convened under the auspices of the National Prison Association, will meet at St. Louis, Missouri, on the 13th of May, and will continue in session six days. E. C. Wines, Springfield, Illinois, is the Secretary.

—A lady in Dover, New Hampshire, fell down on the sidewalk recently, and in doing so broke the steel in her corset. The sharp end of one piece was driven into her body, inflicting a dangerous wound, from which it is feared she may not recover.

—Augusta, Ga., has organized a cremation club.

—The *Dental Cosmos* says:—The "hits" at the dental profession by the editor of the *Philadelphia Medical Times* remind us of the Irishman's account of a fight: "The first time he hit him he missed him, and the second time he hit him in the same place."

—Two hundred and fifty persons have been adjudged by the Illinois courts as lunatics, whose insanity had its origin in the great fire at Chicago.

—The virulence of the cholera at Munich this winter is attributed by the local physicians to the bad water used in the manufacture of beer.

—Belgium thinks of formally abolishing capital punishment. Practically it has been abolished for the last thirty years.

QUERIES AND REPLIES.

The Penn Medical College.

Dr. R. H. E., of Pa.—It is true this institution had at first a reputable faculty, and it was acknowledged by other colleges as regular; but its charter was subsequently bought by an Eclectic concern, and the name fell into discredit.

Articular Pains.

Dr. W. A. J. asks for suggestions to alleviate articular pains in the knees and shoulders, with considerable cardiac uneasiness, from which he has suffered for years. Alkalies, anodynes, and stimulants have alike failed.

We suggest the acid treatment as the latest for rheumatic sufferings.

Dr. T. M. W., of Tenn.—We allow 20 per cent. discount on any medical journal published in the United States, when taken with the REPORTER and paid in advance, *except* two or three which decline to allow any discount to us. Of the two journals you mention, the one published in this city falls in the latter category.

MARRIAGES.

SMITH—CALVIN.—On the 16th inst., by the Rev. D. H. Barron, assisted by Rev. David McKinney, D.D., George W. Smith, M. D., and Eliza B., daughter of Hon. Samuel Calvin, all of Hollidaysburg, Pa.

DEATHS.

BARCLAY.—Entered into rest, at Burlington, N. J., on April 11, Anne Wilks Collet, wife of the late John O'Connor Barclay, Surgeon U. S. N.

BUCHANAN.—Of consumption, February 5th, 1874, in the 69th year of his age, David B. Buchanan, son of Dr. John E. Buchanan, and grandson of Rev. David Bard.

HARE.—In this city, on the evening of the 18th instant, John J. Hare, M. D., in the 65th year of his age.

WICK.—In New Bethlehem, Clarion County, Pa., on Sunday, March 15th, at 12¼ o'clock A. M., of cerebral disease, Dr. H. M. Wick, in the 59th year of his age.

WINTER.—In Washington, D. C., April 10th, 1874, of pneumonia, Homer Gibson, infant son of Dr. J. T. and Allie R. Winter, aged 4 months and 7 days.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

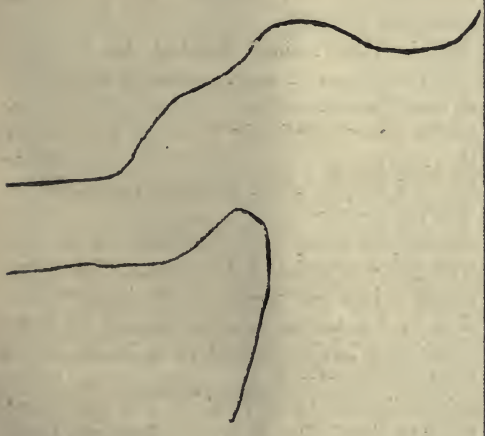
DISLOCATION OF THE SHOULDER—AXILLARY VARIETY.

BY OSCAR H. ALLIS, M. D.,

One of the Surgeons to the Presbyterian Hospital, Philadelphia.

A. C., aged thirty-two, thin and spare. In a scuffle with a drunken man, both fell to the sidewalk. In the fall Mr. C.'s left shoulder struck the elevated edge of the curbstone, and the weight of both was sufficient to drive the head of the humerus into the axilla.

I saw him a few moments after the accident, and his attitude alone was sufficient to suggest



the nature of the injury. I found an attendant supporting and extending the arm, as in this position he had comparative ease. On stripping the part, and requesting him to stand erect, the arm stood off from the body, and exhibited a feature first mentioned to me by Dr. Dingee, viz., that of fracture of the upper third of the humerus. Indeed, so characteristic was the deformity that I took occasion to sketch it.

The deformity consists in a marked depression at the insertion of the deltoid, giving the arm a bent or broken appearance, and as if to make the deception more complete, the sufferer or an assistant supports the injured parts. It may be said that the merest tyro would be inexcusable for making such a blunder, and while I do not deny it, yet the following case will justify my calling attention to it:—

A person had fallen and sustained an injury of the shoulder. A physician was summoned, and dressed it *as for a fracture of the humerus*. This, instead of allaying the pain, seemed to aggravate it, and when it could no longer be endured, and fearful lest some mistake had been made as to the real nature of the injury, Dr. D. was summoned, who readily detected and rectified the mistake.

Another gentleman, in speaking of this peculiar deformity, said that on one occasion he was called to an injury of the shoulder, which presented such characteristic symptoms of fracture of the upper third of the humerus, that, to use his own words, "I got my splints ready before I examined the part, as I did not wish to give the party any unnecessary pain." When everything was in readiness he took hold of the arm, and instantly detecting the true nature of the injury *i. e.*, a dislocation downwards, restored it.

To return to the case under consideration: The other symptoms, viz., prominence of the

acromion, flattening of the deltoid, with a horizontal depression just below its broad origin, the head of the bone felt in the axilla, and inability to bring the arm to the side, readily establish the nature of the injury.

Reduction.—Placing the patient on the floor, I first attempted the reduction with my left heel in the axilla. Failing in this, and with my foot in the axilla, and still extending the arm, I worked myself around until I could place my right foot *upon* the acromion process. Thinking that the reduction might have been accomplished by this manœuvre, *though no audible sound had announced it*, I cautiously worked myself to his side, still maintaining the extension, and keeping my foot in the axilla, and was pleased to find the success complete.

The arm was then secured to his side, and anodyne lotions applied to the bruised shoulder.

In reference to the *audible sound* usually accompanying dislocations of the shoulder, I would express a doubt of its occurring when this *mode of reduction* is resorted to.

Dupuytren, resorting to this method after others had failed, says, "the head of the bone was restored to its socket *without any audible noise*," and his placing the last words in italics would seem to mark *his* surprise.

A curious case happened in New York State a few years ago. A young man had sustained an injury at the shoulder joint. It gave him but little annoyance, save that it was almost utterly useless to him, and prevented his actively engaging in his usual sport and avocation, hunting.

On one occasion, while out with his father, he shot a coon in an old tree, which lodged, and necessitated a venture or the loss of the game. With two legs and one sound arm he began the ascent, but as he approached the prize, and too intent on securing it, he laid hold of a rotten limb, which breaking, would have precipitated him to the ground had he not involuntarily grasped the body of the tree with the injured arm, when the sudden weight of his body acting as an extending force, was sufficient to reduce the dislocation, and swinging it lustily, he cried out to his father below, "I'm all right now, Dad."

This happy and unlooked-for restoration is in principle the same that I applied in the case above mentioned. The first to call attention to this mode of reduction* was Mr. White, of Manchester, whose paper bears date of 1764, while to Mothe, a surgeon of Lyons, the honor of discoverer is usually given, though his eight cases treated after this plan appear twenty-one years later than that of White.

* Dupuytren on Diseases and Injuries of the Bones, pp. 74-77.

SYRUP OF THE TASTELESS IODIDE OF IRON.

BY CHARLES G. POLK, M. D.

I regard the syrup of the iodide of iron with potassic citrate a preparation of great value. Mr. Creuse could not have given one which would have met a much greater want. The instability of the officinal iodide had ever been so annoying to the physician and pharmacist, only the slightest exposure being necessary to induce deterioration of the preparation, as every one familiar with it well knows; in addition to this its tendency to assume a higher degree of oxidation, its liability to injure the teeth, irritate the stomach, cause headache, and nervous derangements, had really caused this valuable iodide to hold rather a secondary place in the esteem of the profession. Another difficulty was encountered in forming compounds with other agents to meet other therapeutical indications, or modify its taste so as to avoid offending the delicate palate, the austere officinal iodide refusing any such alliances. These difficulties are, however, overcome in the formula originated by Mr. Creuse. This new compound will combine with quinia, strychnia, gentian, or alterative mixtures, and aromatics, without difficulty, forming permanent and agreeable preparations, efficient, yet mild in their action, reaching the thousand secret avenues of disease. In fact, it approaches so nearly the officinal one in therapeutical worth, while pharmaceutically so much its superior, that it is in every way entitled to our appreciation and adoption. To the country practitioner, who has not the facilities for procuring or preserving pharmaceuticals, this syrup of Mr. Creuse will prove a great desideratum. The syrup iodide of iron has long formed an important article in the treatment of diseases of children; experience having proved it to be one of the most efficient remedies in scrofulous and tuberculous diseases (with Virchow, I do not regard these as identical). Every physician will recall at once the disagreeable taste, and how vigorously his little patients resist its administration. Yes, more, he will recall many cases where this resistance had caused his directions to be ne-

glected, and his efforts to be, in consequence, completely thwarted. This need not be with the new preparation; even itself not at all disagreeably tasted, it will combine with curacoa cordial or an aromatic elixir, very acceptable to the taste of any child.

I hope this notice of the new iodide will excite in the profession a spirit of investigation of its merits, and lead others to give testimony of its value. Although very frequently discussed in pharmaceutical journals, it scarcely has received a place in medical literature.

Dr. R. J. Levis, the distinguished surgeon and oculist of this city, attains a very similar combination by prescribing pyrophosphate of iron and iodide of potassium.

Dr. A. D. Hauverman, U. S. A., used to prescribe the ammonio-citrate of iron and iodide of potassium, together, in broken down cases of syphilis, abundance of which we had in Charleston, S. C.,* just after the close of our civil war, and really his cases did well. He, in compliance with my wishes, devised the following formula:—

Iron (fine wine),	grs. 100.
Iodine,	grs. 400.
Citrate of ammonia,	grs. 360.
Sugar,	℥x.
Water, q. s. add	℥xvj.

Combine the iron and iodine as in United States Pharmacopœia, and then slowly add a concentrated solution of citrate of ammonia until it assumes an apple-green color, and add the sugar and sufficient water to complete.

Acting on this same principle I prescribed the ammonio-citrate of iron and the iodide of ammonium, in equal portions, and formed a combination which has ever remained a favorite of mine to this day.

With all these investigations on our part, it however remained for Mr. Creuse, unconscious that any other had labored in the same field, to solve alone this combination, bring it to a high degree of perfection, and instead of burying this pharmaceutical gem, gave it to the world; a legacy worthy of general recognition. Such a man deserves to rank amid the benefactors of mankind. I add this remark because an ambitious German pharmacist, engrafted on American science, has sought to injure justly earned reputation, although the world recognizes him too well as the author of the tasteless ferric salts to permit his fame to be dimmed by an ebullition of envy. It has been proposed, and I believe it is authorized to be incorporated into the Pharmacopœia of Great Britain. Our editors will not long defer its incorporation into our own; its merits are above controversy.

*U. S. A. Quarantine Hospital, Charleston, July, 1866.

REMARKABLE CASE OF NARCOTIZATION.

BY ED. C. HARWOOD, M. D.,

Of New York City.

On the evening of Friday, March 20th, at eleven o'clock, I was called hastily from my office to the house of my friend, Dr. H. On arriving, I found his infant son, aged nineteen days, to be thoroughly narcotized, occasioned by the careless administration of morphine, by the nurse, in using the same teaspoon for the administration of catnip tea which she had previously used in taking a solution of morphine herself. We can approach the character and strength of the solution only from the fact that one-fourth of a grain of morphine was used in two teaspoonfuls of water, and it was found, by dipping the spoon in it and taking it out, that three drops remained in the spoon; and, therefore, we calculated that the child got three drops of the solution of morphine, equivalent to one-fourth of a grain, in two drachms of water. Condition: pupils contracted and no response to light or irritation of the conjunctiva; pulse fifty per minute and feeble; stertorous breathing was also present. I stripped the child, and sprinkled the face with cold water, and applied the same to the entire length of the spine, with the result of causing a deeper inspiration; gave one-half of an ounce of strong infusion of coffee per rectum, and used Kidder's magneto-electric machine. Applied one pole over the phrenic nerve, and the other to the sterno-clido-mastoid muscle, and over the entire length of the spine.

Great alarm was manifested by the parents at the condition of their child. I learned that my friend, Dr. E. H. M. Sell, was the accoucheur of the mother, and she suggested that in the multitude of counsel there was safety. I therefore sent at once for Dr. Sell, who arrived at 12.30 A. M., with Kidder's double cell faradaic battery, which was applied with a mild induced current. The temperature at this time was 96° per rectum; respiration stertorous and from 13 to 18 per minute; pulse 116 and irregular. At one o'clock gave more coffee per rectum, a portion

of the first having been passed in the napkin. At three o'clock, have made three applications of electricity, one of which was continued during the next half-hour. Temperature 95°; warm bottles of water were applied; respiration still stertorous, 17 per minute, but more regular. Gave one drop of solution of atropia, one grain to the ounce of water. At 4.30 free and natural movements of the bowels; eyes open, and a response of the conjunctiva for the first time, and quite a natural cry. At 4.45, gave two spoonfuls of breast milk. At 5.05 the condition more marked for improvement; eyes opened and breathing approaching a normal movement; respiration 30 per minute; temperature 98°. Gave one-half ounce of strong coffee per rectum; pulse 150. The condition so good that we went home. At 10 A. M. an injection of soap and castor oil was administered, with the effect of producing a thorough evacuation of the bowels; an application of cold water was made to the head. At five o'clock P. M. the child presented a normal appearance, and the treatment was discontinued, with the exception of a small quantity of lime water, which we advised to be given. It was thought to be indicated on account of the acrid condition of the bowels, manifested by green discharges and some undigested milk.

This constitutes briefly the history and recovery of the case, which is in accordance with the principles of treatment that I always resort to in cases of narcotization from opium, with the exception, I must say, that I do not think the mother's milk ought to have been given under these circumstances, for it is a well known fact, that while a young mother is depressed with fear and anxiety, the rich nourishing quality of the milk is changed to that of almost a watery secretion, as it was in this instance, and pure cow's milk was substituted for it during the next twelve hours.

Hospital Reports.

PHILADELPHIA HOSPITAL.

SURGICAL CLINIC BY PROF. WILLIAM H. PANCOAST.

REPORTED BY DR. J. V. SHOEMAKER.

Gentlemen:—I here show you an apparatus for extension, called the *wheel crutch*; you see with what facility it moves. It is formed of three light steel rods resting on a wrought-iron frame, running on four wheels, with leather tires, to prevent noise. These "rods" support a padded semi-circular band, open behind, made so as to fit in the armpits of the patient. The hands grasp these two rests, one on each side, just below the "padded band," and the wheels in the rear are placed at such a distance as to prevent any tipping backwards or rolling on the sides, being so arranged on steel swivels as to prevent all noise and friction, and by the least inclination of the body the instrument can be turned in any direction. The upper section of the frame can be raised or lowered, according to the patient's height, thus taking off the weight of the shoulders, aided by a sort of a saddle, on which the buttocks rest.

I have brought the instrument before you, to show its application in the case of this patient, Sarah Ragan, fifteen years of age. You notice the great curvature of her spine, and the peculiar, and old expression of her face, due to long continued suffering. When she came under my care, during the last winter, in the Female Surgical Ward, she was in a very critical condition; very feeble; suffering from hectic fever; no appetite; the curvature as we see it, and a lumbar abscess forming.

According to the history I have received, when two-and a half years of age she was squeezed between a heavy gate and post. This is supposed to have been the injury which has excited a disease of the bodies of the dorsal vertebræ known as Pott's disease of the spine. Judging from the character of the curvature of the spine, the bodies of three or four dorsal vertebræ, between the fourth and ninth, have become softened down by the inflammatory process.

The bodies of the vertebræ, as you know, are placed one upon the other, so as to support the superincumbent weight. If two, three, or more of these bodies disappear, the weight of the shoulders and head above will force down the upper vertebræ upon the vertebræ below. This causes the curvature or gibbus appearance of the spine that you see; this protects the spinal cord within the spinal canal, by closing up what would otherwise be a great gap, exposing the cord to injury.

Notwithstanding her critical condition, as soon as I recognized the existence of the lumbar abscess, I opened into it by a valvular incision, and emptied out a large quantity of thick pus, giving great relief to the patient. The pus from the broken down spongy bodies of the vertebræ had forced its way down along the sides of the vertebræ, behind the diaphragm, under the ligamentum arcuatum externum, and worked itself underneath the layers of the lumbar fascia, so that I could recognize the presence of the abscess in the posterior part of the lumbar region, and I made my incision through the overlying tissues, and through the posterior leaflet of the lumbar fascia.

I have seen abscesses formed from a disease of the bodies of vertebræ point in the groin, and on the inner posterior surface of the upper part of the thigh. The pus working its way down through the psoas magnus muscle, and guided by it under Poupart's ligament.

This patient is now much better, but she is still very delicate. She requires fresh air and exercise to establish her health. I fear to let her go about in any ordinary way. I therefore wish her to use this "*wheel* crutch," which has the advantage of extending her spine gently, by taking off the weight of her shoulders and head by this "*crutch rest*," which "supports" her in the armpits. This can be raised or lowered, to suit her exactly, as you see, by working the screws, and her feet resting on the floor gently, can easily propel this light and graceful piece of machinery. By this method she will have exercise, and fresh air, without any danger of re-exciting inflammation in the bodies of the vertebræ.

This instrument was made by Mr. Darrach, of Essex county, New Jersey, to benefit his little daughter, who was similarly affected, and was first mentioned to me by my friend, Prof. Sayre, of New York, a few weeks ago. The instrument is beautifully and ingeniously made, but the principle is not a new one. About twenty years ago I saw a similar "go cart," invented by the late Prof. J. K. Mitchell, to fulfill the same indications. There the weight of the head and shoulders was taken off the trunk below by the head resting in a sling attached to a curved steel bar that could be raised or lowered at will; the wooden belt which supported this bar rested upon four supports, running on little wheels. I also, three years ago, in a case of great deformity of the lower limbs, where I performed extensive tenotomy to restore the limbs to shape and usefulness, adapted the same principle of Dr. J. K. Mitchell, making a machine of wood, similar in appearance to this, the patient resting the armpits on a crutch-like support, and body supported by a sort of saddle or girdle, similar to the one you see in Mr. Darrach's instrument.

The advantage of this form of treatment, and use of this instrument is obvious. The weakened and diseased spine requires support and rest, yet if the patient is confined to bed constantly she cannot regain her strength; but by this apparatus, we, so to speak, "put the bed on her and let her run about." She receives all the benefits of the support a bed can give her, also enjoying the beneficial tonics, fresh air and exercise.

Catherine Langdon, single, aged forty years; when she came to me, two years ago, she had been under treatment in this city during four years, for rheumatism; she complained of intense pain in the knee; on examination I found she was suffering from coxalgia, far advanced in the second stage, with some displacement of the head of the femur backward, owing to softening of the acetabulum. I received her into my surgical service in the hospital; she suffered considerably from pain, especially at night, owing to the contraction of the muscles around the joint. In this amphitheatre, after etherizing her, I cut the muscles subcutaneously—the pectineus, adductor, longus, brevis and tensor vagina femoris. This gave her great relief, and I was able then to apply extension by a weight fastened on the foot by adhesive plasters running up the leg above the knee.

In an advanced hip joint disease, with spastic contraction of the muscles around the joint, there is no use of applying extension until, by subcutaneous section, you relieve the inflamed joint from the irritation caused by this contraction, otherwise the additional irritation of the extension will do more harm than good. In the first stage you can cure by extension, relieving the joint from pressure, and by tonic treatment. If the synovitis continues, and is obstinate, I find great advantage in making counter-irritation on the back of the joint, the best form of which is, I believe, the issue made by the iron at a white heat, the heated iron not only making an issue, but, I believe, by its radiation, making an alterative impression upon the diseased synovial membrane. In this case, after having relieved the joint by operating as I have mentioned, I afterwards applied the hot iron, making two issues, the scars of which you see. The case has been saved from the third stage of coxalgia and its consequences, by the treatment that she has received. Being anxious to restore her to health as soon as possible, I ordered an apparatus such as is used by my friend, Prof. Sayre, so that she could take exercise and regain her health. Prof. Sayre, in a visit that he paid me, kindly brought over an apparatus which he has used, and applied himself, for me, upon the patient. It is a better made instrument than the one she first had, and you can see its good effect as the patient walks around. I prefer this "apparatus" of Prof. Sayre's for an adult, as it does not reach below the knee, and, therefore, is not conspicuous. For children, I have for some years been in the habit of having the irons to run down and to fasten to the shoe, thus doing away with the trouble of adhesive plaster. Whatever instrument you use, it should be taken off at bedtime, and extension made from the leg, so as to give rest to the groin from the pressure of this perineal band. The skin should be carefully protected from abrasion, and bathed so as to harden it. This is most benevolent surgery. If you have ever seen a child suffering from advanced coxalgia, you may remember the agony it suffers, and, if the disease is not relieved, it may go on to caries and suppuration of the joint, demanding an exsection of the head of the femur to save the patient from death through exhausting suppuration and irritative fever. This patient is now able to walk without support, and without suffering pain.

Ellen Karns, age 22 years, came into my service suffering greatly from a painful stump. An amputation had been performed at the knee joint by my friend, Dr. Morton, in the Pennsylvania Hospital. The result was a beautiful stump, and though I thought the specific osteitis had returned in the femur, and would require a resection of it, yet I hesitated to interfere with such an excellent knee joint amputation. I called upon Dr. Morton to mention the case to him, and he kindly came to the hospital to see

the patient with me. We decided first to make a section of the sciatic nerve, as the pain seemed to be most expressed in the posterior flap. I operated upon her in this amphitheatre, etherizing her, and cut down upon the sciatic nerve on the posterior part of the thigh, at its middle, making a linear incision, the scar of which you see, about 2½ inches long, in the median line. The bifurcation of the sciatic nerve was high, above the middle of the thigh, and I had to look on each side of my incision, to find the external and internal popliteal nerves. I cut a piece out of each nerve about two inches long. The patient stood the operation well; suffered no inconvenience from the cutting of the nerves. The posterior half of the flaps covering the stump became numb, lost its sensibility to the touch, and the patient said there was a little less pain, but she still complained exceedingly of the deep-seated pain, which kept her from sleeping and made her very irritable, rendering it necessary to give her large doses of anodyne at bedtime. This is the fourth time I have resected the sciatic nerve in painful stumps. In each of the three other cases the neuromatous tumor varied from the size of a hickory nut to a walnut. In one of the cases, in which the thigh had been amputated high up, I followed the sciatic nerve up and cut it off just within the great sacro-sciatic foramen. In all three cases the patients were relieved. The original amputation in this patient's case, at the knee joint, was performed about thirteen months ago. Three months have passed since I resected the nerves, and the patient has been complaining constantly of the deep-seated pain, apparently in the bone.

She suffered so much that on one occasion, about a month ago, while out on leave, she bought some morphia and chloral in a four-ounce mixture, which, on investigation, was found to contain cxx grs. of chloral, and viii grs. of morphia. Three-fourths of this mixture she took secretly, on returning at night, in addition to the ordinary dose of chloral she was in the habit of taking, and she fell into a narcotic sleep, from which she was aroused with the greatest difficulty, my assistant, Dr. Miller, being obliged to resort to the stomach pump and battery for fourteen hours to save her. I have endeavored to relieve the osteitis upon three occasions by the antiphlogistic use of the knife, driving the point through the flaps into the condyles of the femur, in several places causing the blood to flow, and giving some temporary relief. On each occasion I found the bone to be easily penetrated, and soft. To-day I have determined to lay open the flaps, and resect the softened and diseased end of the bone. My assistant, Dr. Ronaldson, will now put the patient under the influence of ether. In so doing you will notice that I have the towel, which I prefer to use in etherizing, saturated with the ether, and held some little distance from the face, anæsthetizing her gradually, so that she can bear the ether, thus relieving her from any sense of suffocation, which is so disagreeable to the patient when the ether is applied suddenly and rapidly, over the mouth and nostrils. When partially etherized you can then apply the ether directly and quickly, without causing distress. I am an ether giver. Ether is always safe, and chloroform sometimes dangerous, yet I occasionally give chloroform, only I trust no one then, watch it myself, and give it with great caution. When, as it sometimes happens, a patient resists the effects of ether, and becomes excited, I then pour a little chloroform on the towel, chloroforming for a few moments, and quieting my patient. As soon as I have passed this bridge of delay, I resume the ether, and keep the patient well under its effects, only using the chloroform separately for a few moments, to hasten the anæsthesia. I will apply a tourniquet over the femoral artery, at the lower part of Scarpa's triangle, so as to have the artery under control in case of hemorrhage. I now want a good knife, tenaculum, ligatures, and a good pair of forceps. A good pair of forceps, should pick up the cuticle on your finger, as this does; the points which seize, are the forceps, all the rest, no matter how long, is only the handle. With a good assistant at hand to help me, I am ready. I now plunge the point of my knife down to the bone, and sweep it around the cicatrix, bringing the point out in the same neat, clean way, cutting around the cicatrix, leaving it on the bone, as I wish to remove it, then turn up the flaps, as you see, and expose the condyles of the femur. Applying this good saw, I remove the ends of the condyles for about an inch. The bone, as you see, is very soft, filled with blood, the spongy structure easily breaking down, and the bone evidently in a state of inflammation; a little longer delay, and an abscess and consequent caries must ensue. As the end of the bone left is in the same condition, I will remove about three-quarters of an inch more. You see how full of blood this section is also, the spongy interior of the bone soft, and easily broken down, though of a firmer consistence than the last part just removed. From these specimens you have the evidence that bone is an organized tissue. See how full of blood it is, and from the femur above blood is slowly oozing. We will apply the soap styptic on the bleeding surface, let the air come freely into the open wound, the cold air itself being an excellent styptic. The flaps are plentiful, just the right length, and fall easily and sufficiently over the divided femur. Recollect always you want enough muscle to cover the bone, and enough skin to easily cover the muscle. The patient has lost only a few drops of blood, and that mainly from the inflamed bone; no arterial flow. I have avoided opening the femoral artery, which here lies concealed, but pulsating in the posterior flap. We will now draw the lips of the wound together. See how easily the flaps lie. I will use this silver wire for suture, though I do not prefer it here over a well waxed, thin and strong silk ligature. I leave the corners of the wound sufficiently open for drainage, which I think important, support the flaps with broad strips of adhesive plaster, cover the stump with a Greek cross

of patent lint, spread with oxide of zinc ointment, and support the dressing and the flaps with a bandage; put the patient to bed, give her a quarter of a grain of morphia at once, and afterward a tablespoonful of this prescription every hour while awake, or restless:—

℞	Spir. mindereri	f.℥ijss	
	Aquæ camphoræ	f.℥ijss	
	Spirit eth. nit.	f.℥ss	
	Morphiæ acetat	gr.j	
	Antimonii tartarisati	gr.¼	M.

Ft. mist.

The next patient is John Casey, single, aged thirty-five, from Cambridge, England. He is unable to open his mouth but for a very little distance, owing to this tense, hard swelling on the right side of the neck, behind the angle of the jaw. The swelling is large, running up behind the ramus of the jaw, and downward some distance in the neck. But, tense as it is, I think I can detect fluctuation. This I do by pressing the index finger of each hand gently, but firmly, on the swelling, then by lightly and quickly pressing with one finger, I make the other finger rise, and vice versa, thus feeling the movement of the pus in the abscess. The patient is unable to say how this occurred. As I tap the abscess, you see the pus flows freely and in large quantity. If it had been allowed to remain, the pus might have worked itself under the deep fascia, amidst the structures that compose the neck, even as far down as between the æsophagus and trachea (as I have seen), exposing the patient to great inconvenience, if not peril. Place a compress of lint, lightly spread with oxide zinc ointment, over the swelling, above and below the puncture, retaining them by adhesive strips, so as to force the walls of the abscess together, and destroy by pressure the pyogenic membrane. Over the wound place a poultice, to invite the free discharge of pus, so as to enable the abscess to heal up as quickly as possible. In three cases I had to open abscesses in this region, on the internal side, in the pharynx, where the abscesses involved the tonsil gland and the soft palate. In one of these cases the abscess was so large as to prevent the patient from opening his mouth, but the smallest distance, interfering with deglutition and with his respiration to such an extent, that he breathed with difficulty, and was black in the face. Bringing him toward the open window I could just see through the narrow opening between the teeth, the swelling, and a yellowish spot on it, on the right side of the velum. Taking a long, narrow-bladed knife, I pushed it in between the teeth, there being just room to do so, and drove the point into the "yellow spot" on the soft palate, immediately giving vent to a large quantity of fœtid pus, which flowed out from his mouth sufficient to fill a tumbler. The patient immediately took a long breath, his natural color returned, and, breathing easily, he exclaimed, "how much better I feel, I thought I would suffocate."

This patient is John Fields, married, aged forty-five, who complains of pain on defecation, and great soreness in the region of the anus. We will examine him; here on the left side of the anus is a little red elevation. On passing my probe into it, I find that the probe runs upward for a distance of two and a half inches. Putting soap under my finger nail, oiling my finger, and introducing it in the bowel, I can feel the blunt end of the probe.

This is a complete anal fistula, with an opening in the bowel above, and through the integument below. As this is an eyed probe, I pass a well waxed silk ligature through the eye. The probe being now threaded, and guiding the blunt end of the probe with my finger in the bowel, I draw and push the probe through the sinus, bringing it out through the bowel, and unthreading it, leave the ligature in the sinus, one end on the outside and the other in the bowel. I now tie the ligature firmly down. The ligature will ultimately, by repeating the tying of it, cut its way through, enabling the fistula to heal up behind the ligature, while at the same time it acts as a guide for drainage, enabling the pus to flow out easily.

This is often an excellent plan in cases where you dread phthisis pulmonalis, and in those cases, like this, where you do not want to put the patient to bed, but to allow him to go about. The ligature works its way out gradually, by ulcerative absorption, and by the time it is ready to come away the fistula is cured.

George Mansal, sixty years of age, married. This is a case of incomplete or false anchylosis of the wrist and hand. They were injured by a fall, producing an inflammation of the synovial membrane lining the thecæ of the tendons. In consequence of the effusion of plasma, the synovial membrane has become glued together, thus stiffening all the fingers and the wrist joint, interfering with the proper flow of blood, which is facilitated in the hand by its motion, thus giving this blue and livid color, which is due to this want of proper rapidity of the circulation. The uselessness of the hand in its half dead condition, is also shown in his long, cadaveric-looking, talon-like nails. We can remedy this; and now, giving ether to deaden his sensibility, you see how, by first extending and then flexing the fingers and wrist, I break up the adhesions; you can hear them snapping. You see I have now restored motion to all these formerly stiff articulations. But this is not enough; I will cover the hand with lead water and laudanum, to keep down the inflammation caused by this manipulation. When the irritation has subsided, in a day or two, I will make thorough motion of all these joints in the same way, again applying the antiphlogistic treatment, and so repeating this process until the patient has regained the thorough use of this valuable right hand.

Dr. Jacob Hay, Sr., died suddenly last week, at York, Pa. He was a prominent physician, and was President of the York National Bank.

Medical Societies.

Texas State Medical Association.

This society met at Dallas, April 6th, the following officers presiding: Dr. Stuart, of Houston, president; Dr. Brown, of Waco, vice-president; Dr. Young, secretary, and Dr. Larendon, treasurer.

Rev. Dr. Davenport opened the proceedings with prayer, upon the conclusion of which an address of welcome was delivered by Dr. R. M. Jones, of this city. Hon. Ashbel Smith, the nestor of the profession in Texas, replied.

On motion of Dr. Brown, it was resolved that the chairman be authorized to appoint a committee of five to seven, to report what previous legislation has been effected in the State for the regulation of the practice of medicine in the State of Texas, and what can be done for it by future legislation.

The report of the committee on credentials was then received, and the following medical associations were elected to membership in the association:—Burleson County, Washington County, Coryell County, Waco City, Harrison County, Hill County, Grayson County, Jefferson, Johnson County, Lamar County, Dallas City.

Dr. Ross, from the committee on yellow fever, submitted a lengthy and elaborate report, which was listened to with the utmost attention. On the conclusion of the reading, it was moved, and carried, that the report be received and referred to the publishing committee.

Dr. Heard, of Galveston, gave the convention a synopsis of his views upon the therapeutical treatment of yellow fever.

Dr. Hudspeth offered a resolution that three members be appointed as a committee to draft resolutions expressive of the regret of the association upon the death of Dr. Cocke, of Belleville; Dr. W. B. Fields, of Calvert, and Dr. B. B. Palmer, of Columbus.

Dr. Ryan, of Caldwell, offered the following resolution:—

Resolved, That the president appoint a committee of three to prepare a law regulating the sale of drugs, patent medicines, etc. Carried.

The following officers were selected: Dr. Clopton, of Jefferson, president; Dr. T. D. Wooten, of Paris, vice-president; Dr. Oliver, of Dallas, second vice-president; Dr. East, of Austin, recording secretary; Dr. Larendon, treasurer.

Dr. Heard introduced a resolution on State medicine, and Gen. Robertson, the Immigration Commissioner for Texas, was appointed chairman of a committee of the State to select, from each judicial district, a committee-man to aid him in collecting all information regarding geographical disease, local hygiene, epidemics, quarantine, etc., all matters of interest reported by this committee to be published in the leading newspapers of the State, for the information of the public, and a general report made to the Association at its next meeting, which is understood will be held in Austin.

[We are indebted for minutes of the meeting to Dr. P. Kilpatrick.—Editor].

Editorial Department.

Periscope.

Post-Connubial Insanity.

This is the name given to a variety of alienation by Dr. Skae, in *The Morisonian Lectures on Insanity*, for 1873. He says, "In robust men of rigid virtue up to the time of their marriage, I have known cases where the first night of connubial felicity was followed in the male by attacks of congestion, amounting to something like congestive apoplexy, although of transient duration, or resembling the epileptiform congestive attacks of general paralysis. Such attacks are transient. More often the symptoms of the insanity brought on by this cause are those of *acute dementia*. The patient is stupid and confused, and cannot answer questions; is restless and unsettled, and morose. These symptoms generally pass off soon, leaving the patient well.

In females the symptoms are better marked and more peculiar. A woman who had married a husband in every way apparently suitable to her, of her own free will, and with the approbation of the friends of both the contracting parties, suddenly after marriage becomes morose and full of remorse that she had married; says she had no love for the man nor he for her; cannot bear to hear his name mentioned, and is horrified at the idea of ever living with him. Her feelings toward her husband amount to actual repugnance and morbid hatred. Some such patients are dangerous, both to themselves and others.

One of the most suicidal patients I ever knew was a case of this kind. She was a handsome young woman, newly married to a very promising young man, perfectly suitable to her apparently, and approved of both by her friends and his, all of whom, including not only relatives, but former employers and other friends, took a lively interest in the marriage.

Immediately after its consummation she be-

came intensely melancholy and suicidal. She walked up and down, night and day, for three months, wringing her hands, and with a face full of wretchedness, repeating the words unceasingly, "Oh! misery! misery!" She had, of course, short snatches of sleep, and was fed by force. She was watched continually by relays of attendants, night and day, during all that time, and never ceased for a moment to cast about for some contrivance by which she might commit suicide. She attempted to choke herself on cotton reels, balls of worsted, pieces of coal or stone; to stab herself by getting hold of forks and knives, and needles and scissors; to drown herself in the pond, the bath, or the water-closet; to precipitate herself from a height when she had contrived the chance, or to strangulate herself with the tape of her apron or petticoat, under cover of the former being thrown over her face to enable her to get a sleep, and by the time the suspicion of the attendant was aroused sufficiently to lead her to remove it she was generally found nearly black in the face. She ultimately succeeded, at the end of three months, in effecting her purpose by snatching the attendant's key from her, bolting out of the room, carrying the key with her. Having slammed the door against the attendant, the doors locking with a spring lock, the nurse was unable to follow her. Knowing well the geography of the house, and aided by her key, she made her way to an empty room, and there hung herself.

Some years ago I visited a gentleman in Haddingtonshire, whom I found laboring under well-marked symptoms of general paralysis. His age was fifty. He had gone up to London when a young man, where he got into a very large and lucrative business. Some eight years before I saw him, he resolved to marry, but being too much involved in the turmoil of business to spare time to look out for a wife for himself, and pay her the necessary preliminary attentions, he fell back upon a young girl whom he had known in East Lothian before going to London, and to whom he had displayed some attentions. He asked a friend in the neighborhood of the young lady's residence to visit her, to open the campaign for him, and to propose for her on his behalf. This his friend managed successfully on his behalf; the young lady in due time went up to London, where she was married to my future patient.

Immediately after marriage he seems to have been seized with the post-connubial insanity I have described. He took the greatest repugnance to his wife, almost daily threatened her with a knife, and for four years, during which he never had connection with her, she lived in daily fear of her life, and regarded him as quite insane. During all this time he managed, by his reticence, to pass muster with his partners and others in business. About the close of this time he began to make mistakes and errors of memory which attracted the notice of his partners, who bought him out of the business on a handsome retiring allowance. While this was going on his conduct to his wife underwent a sudden alteration; from hating her and threatening to kill her, he suddenly became amorously uxorious, to a morbid degree, the fruit of which was a child. But, in the meantime, his mental condition rapidly underwent a great change; he became excited and full of delusions of wealth and grandeur, and the mental symptoms of general paralysis appeared, running on rapidly to a fatal termination.

Treatment of Functional Derangement of the Liver.

Dr. Charles Murchison, in one of his Croonian Lectures, gives the following advice on this subject:—

First, in regard to *diet*, much more is to be expected from the careful regulation of diet than from physic. We ought to remember that the hepatic derangement of lithæmia may exist for years, and that it may be cured by a careful attention to diet only, but if neglected may go on to gout. Over-eating, especially of rich food, must be interdicted, and above all saccharine and oleaginous cooked dishes. Even bread may have to be given up by the patient. Any idiosyncrasy must be ascertained. A simple diet of stale bread, fish, tea, etc., will be found best. The derangement may be due to overmuch both of nitrogenous and non-nitrogenous foods, and it may be necessary to order a minimum only of both kinds. The chief meal of the day may have to be taken in the morning. Diluents, such as the mineral waters, may prove useful. Even greater caution should be exercised in recommending alcoholic drinks, especially malt liquors; many patients under these circumstances do better without stimulants at all. Alcoholic drinks, in amounts falling far short of affecting the brain, may undermine the health by their effect on the liver. The effect of sudden and complete abstinence is not so serious.

Secondly, a free supply of *oxygen* is, next to diet, highly important in the treatment of functional diseases of the liver. There is no doubt that exercise quickens the circulation, introduces more oxygen into the system, and operates beneficially on lithæmia. Observations have shown the value of sea-air, and patients with hepatic derangements and lithæmia will, especially under favorable circumstances, derive advantage from residence on the coast.

Aperients and cholagogues are of value in many cases, whether constipation is present or not. Aperients carry off not only bile but fluid from the intermediate circulation. The aperient salts are chiefly used. Certain other aperients have long had a reputation as cholagogues, among which mercury stands pre-eminent. At the present day mercury has, however, lost much of its reputation, especially as a cholagogue. A practitioner gives a mercurial, and finds more bile in the stools and his patient relieved. A physiologist ties the common bile-duct, makes a fistula, and finds that less bile is discharged after the administration of mercury. The results of such experiments have indeed

been contradictory. The general effect has been to discredit the cholagogue action of calomel very much. On the other hand, it has been urged that the results of such experiments do not apply either to man or to the diseased state of the liver. Now, much of the difference of opinion may be reconciled if we remember the osmotic circulation in the abdomen previously alluded to. A large proportion of the bile which enters the bowel is reabsorbed and carried back to the liver. Mercury and some other drugs produce bilious stools because they sweep away the bile before it is absorbed; and it is for this very reason that they are to be found at the bottom of Röhrig's list of medicines which increase the flow of bile from the common duct. It would appear, therefore, that mercury is a true cholagogue, and that more than if it were a mere stimulant of the liver, and thereby induced congestion. It may also act on the gall-bladder. But there is reason to believe that mercury is of use in other functional diseases of the liver unattended with biliousness. Patients suffering from such diseases continually confess this. Mercury may indeed be useful for the very same reason that it is useless in promoting the healing process, namely, by helping disintegration. It is perhaps for the same reason valuable in some cases of croup and in constitutional syphilis. Be this as it may, the clinical evidence in favor of mercury is overwhelming. Podophyllin acts much like mercury, but it has probably some affinity for the small intestine, and gripes more than mercury. Jalap, senna, etc., are all valuable. Röhrig seems to consider them true cholagogues. Colchicum has some effect in this way; taraxacum probably acts mainly as a mild aperient.

Alkalies, next to aperients, are the most useful drugs in functional derangements of the liver, especially a combination of alkaline salts. The waters of Vichy, Vals, and Ems are valuable for the same reason. The beneficial effects of alkalies are not due to the neutralization of acidity or of lithic acid, but to their influence upon the pathological state on which lithæmia depends. The administration of alkalies in lithæmia is, as a rule, well borne, but it should be occasionally interrupted.

Chloride of ammonium, mineral acids, tonics, and opium may be used in these cases; but tonics should be given with the greatest possible caution, otherwise they may do more harm than good.

The Transmission of Nervous Impulse.

According to the *Lancet*, in some recent experiments, Dr. Sigismund Exner took the act of winking as that best adapted to enable him to determine the time required for a complete reflex action from the application of the stimulus to the sensory nerve to the contraction of the muscle. He constructed, with this object in view, a very light lever of straw, terminating in a bristle, which was applied to the lid, and the ordinary arrangements were made for the exact registration of the commencing contraction of the orbicularis. The stimulus was an electric spark, either passed in front of the eye and thus acting on the optic nerve, or exciting the fifth by striking directly on the cornea. In the latter case, the entire physiological time occupied in the reflex action, that is to say, the time occupied in the transmission of the sensation to the sensory centre, its reflection to the muscle, and the period of latent excitation in the muscle, was, if a strong electric stimulus was applied, 0·0471 of a second; if a weak one, 0·0555 of a second. These numbers can only be regarded as approximative, since the period of latent excitation of muscle in man is unknown, and Dr. Exner was obliged to estimate it. He regards the possible error in the above estimate of the time occupied in the reflex action as on this ground equal to more or less than 0·01 of a second. He feels himself entitled to conclude, however, that the time required for a reflex action is not constant, but is shorter for strong impressions, longer for feeble impressions; and it is certainly shorter than is required for a voluntary movement consequent on a sensory impression, the latter, in such a case as that in which a finger of one hand is touched and one of the other is made to move, being from 0·0828 to 0·0775, or at highest 0·0740 of a second, though it must be admitted that the course traveled over by the nervous impulse is here considerably greater.

On Gangrenous Vulvitis.

The London *Medical Record* says the younger Guersant and M. Trousseau have given some most useful counsels on this subject. After the indications given by the most powerful modifying agents, these two practitioners have not feared to have recourse to the disorganizing action of the actual cautery. This agent has, according to their experience, proved the least uncertain method of circumscribing the limits of the evil. MM. Rilliet and Barthez employed chloride of zinc for the same object, but these means are all very painful, and if, as it is affirmed in the *Progrès Médical*, M. Parrot, the surgeon to the Paris Children's Hospital, has succeeded in avoiding the disagreeable effects of this somewhat barbarous treatment, he will have effected great good. The topical application used at that establishment by the distinguished surgeon in question, is the iodoform powder, which is absolutely painless in use. During several years, M. Parrot has been tolerably successful in his treatment of ulcerated gangrenous vulvitis; combating it by the use of dressings of concentrated solution of chlorate of potash frequently renewed, or cauterizations with nitrate of silver. But neither of these methods, nor others needless to recapitulate, have been so uniformly successful as the iodoform. Iodoform alone, tried as a last resource after other topical applications, generally appeared to arrest the invading progress of ulcer in two or three days, and to rapidly facilitate the appearance of fleshy germs in the bottom of the

wound. Iodoform in this case acts in the same way as in chancrous bubos, fungous ulcers, and hospital gangrene. But in order to attain the desired end, the iodoform powder must be freely used; not the smallest portion of the wound must remain uncovered by it. When the bottom of the ulceration is very wet and the detritus plentiful, it is advisable to renew the dressing twice a day during the first two days.

Death from Vaginal Injection.

The *Doctor* says:—Vaginal injections of irritating nature are habitually prescribed, without thinking of the consequences to which they may give rise. Here is an observation of a vaginal injection, followed by death, which may make those persons reflect who consider the vaginal mucous membrane as but little sensitive.

This observation has been reported in the *Gazette des Hôpitaux* by Dr. Lorain. A young girl, æt. 16, was attacked with vaginitis, which was thought to be gonorrhœal. After an emollient treatment without efficacity, as the mucous membrane could not be directly cauterized, Dr. Lorain ordered an injection with a weak solution of nitrate of silver. A centigramme of nitrate of silver only had passed into the vagina, with care; nevertheless, there was great pain after the injection, the patient was restless and moved about in her bed. Ice upon the abdomen and in the vagina produced amelioration, and this condition remained for four days: vomiting took place, and stomatitis, resembling mercurial stomatitis. The temperature was 37.8° C.

On the fifth day the patient died suddenly, at seven in the evening, the abdomen not presenting any peculiar tympanitis.

To what was this singular death attributable? Dr. Lorain thought this might be attributed to some drops of pus issuing from the Fallopian tubes, caused by a reflex action determined by the pain.

At the autopsy, Dr. Tardieu, in fact, showed that there existed metritis of the mucous membrane, with suppuration.

Cases of Æsophagismus.

Before the Medical Society of the College of Physicians, of Ireland, as we learn from the Irish *Hospital Gazette*, April 1, Dr. A. W. Foot read a paper giving a description of four cases of this peculiar and not very common affection, which had been under his care in the Meath Hospital. Three of the cases occurred in men, and one in a female. In none was there any evidence of organic disease or of hysteria; and none of them were cases of what Sir Henry Marsh had termed the regurgitating disease. Dr. Foot described, *seriatim*, the symptoms in each case, which so far resembled one another in character:—(1) In suddenness of occurrence; (2) In there being a more or less intermitting dysphagia, which was greater with solids than with fluids, and more likely to be excited by cold fluids than by hot, as also by anything sour; (3) In the occurrence of œsophageal vomiting; and (4) In the co-existence of hiccough as a symptom. In two of the cases there was no cause assigned for the occurrence of the complaint, in the third it was attributed to a squeeze of the throat, in the fourth to intense grief. The whole four occurred in persons of the disposition called "nervous;" but there was no reason to believe that their symptoms were either feigned or exaggerated, or in any way under their control. The dysphagia was certainly œsophageal, not pharyngeal, and therefore beyond the influence of the will. The diagnosis of œsophagismus was, Dr. Foot observed, based upon the suddenness of its occurrence, the variability of its intensity with various kinds of food, its intermittence, the co-existence of other symptoms, especially hiccough, and the absence of other causes of dysphagia, mechanical, inflammatory, or paralytic. The œsophageal vomiting in these cases is manifestly different from gastric vomiting, in the absence of nausea, and of contraction of the muscles of the stomach or abdomen, nor has the returned food any sour or acid taste.

The chairman said that his father had had an attack of spasm of œsophagus; and that for an entire week he was unable to swallow either fluids or solids. There was no fever. The idea of death from starvation in the midst of plenty was before him, when suddenly, without any special treatment that he (the chairman) could remember, the power of deglutition returned.

Dr. MacSwiney could recall three cases which correspond with the description Dr. Foot had given of the affection. They were all in men between the ages of eighteen and thirty, and all recovered. In one of these cases there was an enormous secretion of mucus; and frequently a morsel of food which had been swallowed one day, would be ejected unaltered, and recognized twenty-four or thirty hours subsequently. In this case there was also an enormous dilatation of the œsophagus above the seat of spasm; warm liquids alone could be swallowed. Passing a probang gave great relief. Dr. MacSwiney was led to believe that there was sanguineous congestion of the œsophageal mucous membrane, from the fact that in one of his cases blood was brought up at intervals in small quantities. Antispasmodics alone seemed to give relief in these cases, and hydrocyanic acid, especially, was *the* remedy.

Dr. H. Kennedy had seen five or six cases of this kind: all recovered. Sometimes there was a total stoppage, and other cases seemed to be able to get down a little.

Etiology of Vertigo.

The *Journal of Mental Science* quotes an article by Dr. Tigges, in the *Zeitschrift für Psychiatrie*, upon "Cases of giddiness with double vision, and their treatment with the constant current." He finds giddiness with double vision frequently accompanied with gastritis, and gives a careful analysis of the symptoms. Apparently double vision has often nothing to do with the

two eyes, or with the two optic nerves, for sometimes when the patient shuts one eye he still sees double with the other. In one case the patient saw single when the two eyes were opened; when one was shut he saw double. Sometimes they saw single within a certain distance, while they saw the same object double when the object was brought nearer, or further off. Dr. Tigges mentions a case where the patient saw objects single at a distance of from one to one and a half feet; objects held nearer were seen double, also objects further off; but about four feet distant they appeared threefold, and beyond this the patient could not distinguish anything.

In treating these cases great benefit was derived from the application of the constant current. The stream was directed towards the sympathetics of the neck, or passed through the base of the brain from one to five minutes. Occasionally the application was followed by a prompt cessation of the symptoms, and a cure followed after four or five sittings. Dr. Tigges also tried electricity, with advantage, in cases of giddiness without double vision, and in tabes dorsalis with giddiness and double vision. Some of his patients were insane, for the most part affected with melancholia; in others the mind was not disordered. Dr. Tigges used Stöhrer's constant battery. He has found by experiments on the dead body that a current directed through the mastoid processes reaches the posterior plane of the medulla oblongata; that when directed a quarter of an inch before and above the border of the ear it reaches the crura cerebri; and that directed a quarter of an inch above the middle of the ear it reaches the corpora mammillaria.

Cough from Elongated Uvula.

Dr. C. B. Garrett writes to the *Lancet*:—It is no uncommon thing to find a person suffering from harassing cough, his health enfeebled, spirits depressed, appetite diminished, and body emaciated, whom no remedies have more than slightly relieved, and yet all owing to the local irritation caused by an elongated uvula. I feel perfectly convinced that in many instances it arouses the tubercular diathesis, and leads on to the development of phthisis, if not of other formidable affections. Cases are constantly presenting themselves to me of congestion of the lungs, which are clearly traceable to the exciting agency of this lengthened appendage.

A person will tell you that he has a distressing, barking cough, especially in the morning, much aggravated by E. and N. E. winds, till a little secretion commences in the larynx, and he can "bring up the phlegm," and this may disturb him more or less during the day and night. There is also usually a sensation of there being a something at the back of the throat to be swallowed. This is the prolonged uvula, which may often be seen with its apex lying on the tongue, after the fashion of a foot. I have often witnessed instances of a thin, long uvula being actually drawn up out of sight, as it were, by the action of the muscles in suddenly opening the mouth, and disclosing its longitude only by keeping the depressor on the tongue till the muscles were tired. The soft palate soon becomes flabby, the arches lax, and the fauces red and puffy. Now comes the second stage. The irritation and congestion travel onwards down the windpipe, the mucous membrane of which becomes thickened, and so cushions up the interior of the tube that the volume of air inhaled in natural inspiration is insufficient to inflate the lungs; the bronchial tubes collapse; the pulmonary bloodvessels become gorged, and congestion (our third stage) is established. The breathing becomes affected; the heart joins in the *melée*, with throbbings, even occasionally intermitting in its beats. With such unquiet neighbors the digestive system sympathizes, with loss of appetite, possibly retching (in a measure attributable to the irritation in the palate, etc.), flatulence, constipation, and other symptoms of disturbed digestive functions. The urine throws down a sediment of lithate of ammonia, often clouded with mucus, and altogether there is a general disturbance of the whole system. Nor do the brain and nerves escape. Deficiency of memory, incapability of mental application, dullness of intellect, gloomy forebodings, abhorrence of society, occasional vertigo, restless, dreaming nights and staggering gait complete the category of doleful consequences arising, in the first place, from an elongated uvula!

The treatment is operative or medicinal, or both conjoined.

Treatment of Granular Lids.

In a clinical lecture on this subject, in the *Irish Hospital Gazette*, Dr. Swanzy remarks that the first and most important thing is to provide abundance of fresh air, both within doors and without. The patient should never be allowed to remain moping in the house, as he is apt to do, but should be made to take several hours' open-air exercise daily. More, he is convinced, may be done in many conjunctival diseases by fresh air alone than by any other treatment without it. It probably acts directly and locally on the conjunctiva, and not in any round about way through the constitution. When vascular reaction is insufficient for the absorption of the granulations, it should be excited; when excessive, it should be restrained. Hyperæmia may be excited by warm fomentations and by sulphate of copper. Excessive blennorrhœa may be checked by nitrate of silver solution, containing ten grains to the ounce, applied by means of a camel-hair brush to the completely everted upper lid. A little solution of common salt should be at hand to remove excess, and this again may be washed away with plain water. The effect can be modified by the length of time the solution of the nitrate is allowed to remain in contact with the membrane. When the blennorrhœa is only slightly in excess, the liq. plumbi subacet. dil. of the Pharmacopœia, without spirit, is an admirable thing; it also should be washed

off with plain water, and its use in this way is not contra-indicated by the presence of ulcers on the cornea. It is most important, in using any local application, to thoroughly evert the upper lid, in order that that part of the membrane may be reached which is reflected from the lid to the globe, for a neglect of this part may render the treatment abortive. Fresh cases of acute granular ophthalmia (military or Egyptian ophthalmia) do not require any topical application. Ice compresses alone may be placed on the lids, a leech or two at the inner canthus, and the patient should be purged.

Critical Diseases in Insanity.

The *Journal of Mental Science* reports that Dr. Sponholz, in the *Zeitschrift für Psychiatrie*, xxx. Band., i Heft., writes upon the influence of bodily disease and mental derangement. During thirty years' experience, with two thousand cases of insanity under his care, he has only noticed two cases where recovery seemed to be accompanied by critical perspirations. He considers that lunatics resist morbific causes better than sane people, and that the insane recover quickly from wounds and illnesses. Some authors have observed recoveries from insanity to follow intermittent fever. He has not been able to observe any such effects, though, from the situation of his asylum, ague sometimes appears. Dr. Sponholz gives some cases where recovery from insanity seems to follow the accession of diseases such as cholera, measles, and erysipelas. These instances are few, and occur amidst a large number of cases, so that, after all, they may be simply coincidents.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. J. J. Caldwell, of Baltimore, has sent us two monographs, one a Review of the Recent Researches in the Pathology and Treatment of Cancer; the other, a Report of Cases Treated by Electricity. They are carefully prepared, and merit attentive reading.

——The Board of Health at Hamburg have recently published a variety of very valuable notes on the sanitary condition of seaports throughout the world. The last number, which has just appeared, includes particulars as to 6 ports in Europe, 23 in Asia, 3 in Africa, 24 in America, and 3 in Australia, besides statistics relative to the sanitary condition of the German British navies. The reports are compiled and arranged under the superintendence of Dr. Max Leudesdorf, medical director to the board.

——Of separate publications we have received:—

Post-Mortem Changes versus Ante-Mortem Lesions, by Dr. S. E. Chaille.

Valedictory Address, delivered at the Annual Commencement of the College of Physicians and Surgeons, Baltimore, by Professor E. Lloyd Howan.

Writer's Cramp, or Scrivener's Palsy, by Dr. R. A. Vance.

Herpes Gestationis, by Dr. L. Duncan Bulkley.

The Management of the Intermaxillary Bone in Double Hare Lip, by Dr. W. R. Whitehead.

BOOK NOTICES.

A Treatise on Pharmacy: Designed as a Text Book for the Student, and as a Guide for the Physician and Pharmacist, containing the Officinal and many Unofficinal Formulas, and numerous Examples of Extemporaneous Prescriptions. By Edward Parrish. Fourth edition, enlarged and thoroughly revised, by Thos. S. Wiegand. With 280 illustrations. Philadelphia; Henry C. Lea, 1874. 1 vol., sheep, 8vo, pp. 977.

The lamented death of Professor Parrish occurred while he was engaged in preparing another edition of this popular work for the press, and his papers were placed in the hands of the present editor. He has done his work with great zeal and intelligence, adding about one hundred and fifty pages to the size of the work, and thoroughly revising the articles which were not rewritten.

The general plan of the work is probably known to the majority of our readers. It may be called a supplement to the U. S. Pharmacopœia, and is especially useful to the apothecary and to the physician who dispenses his own medicines. The earlier chapters describe the apparatus needed by such persons, and proper methods of pharmaceutical manipulation. Then follow the directions for compounding, examining and prescribing the various medicinal substances. These are divided into inorganic substances, (pp. 109 to 318), organic substances (pp. 319 to 536), and galenicals (pp. 537 to 778). The remainder of the volume treats of extemporaneous pharmacy, writing prescriptions, the art of combining medicines, and the methods of pre-

paring plasters, solutions, powders, cerates, etc. An appendix contains a large number of recipes for dietetic and medicinal preparations. A good index closes the volume.

The Psychology of Skepticism and Phenomenalism. By JAMES ANDREWS. Glasgow: James Maclehose, 1874. 1 vol. 8vo, pp. 59.

In this short work the author attacks the two great philosophical schools, that of Skepticism, the most able advocate of which was Hume, and Phenomenalism, which is the prevailing spirit of modern scientific research. The Skeptic declares there is no such thing as absolute truth known to us; or, if there is, we are not able to distinguish it from merely phenomenal truth. The Phenomenalist claims to discard all metaphysical explanations, and to stick to the real and the known; he endorses the Skeptic in the latter's criticisms of the immaterial, but persuades himself that the actual world is not exposed to these shafts.

Mr. Andrews first shows that the Skeptic aims both at the known and the unknown, and that the Phenomenalist is, in fact, merely an illogical and half-way Skeptic. He then proceeds, by a physiological study of consciousness, to show where the Skeptic errs in tracing our knowledge of phenomena to association, and maintains that all of our senses cannot be reduced to the sense of touch, as is generally maintained. The fact of unconscious cerebration he does not consider merely a negative of consciousness, but a positive condition. Consciousness, he believes, is shown, by the conditions of paralysis and muscular anæsthesia, to be more than a physical act, and one inexplicable on grounds of association merely. Reaching by such reasoning the conclusion that phenomena are possible, he believes that philosophical Skepticism, as a system, disappears.

Outlines of Comparative Anatomy and Medical Zoology. By HARRISON ALLEN, M. D., Professor of Zoology and Comparative Anatomy in the University of Pennsylvania. Second Edition. Philadelphia, J. B. Lippincott & Co. 1874. 1 vol. 8vo, cloth. pp. 190.

Any study of anatomy which omits the comparative and developmental view of that science is necessarily narrow and imperfect. The structure and functions of no one organ can be thoroughly understood until it is seen at different stages in the scale of organic life. Hence the propriety of introducing such a series of lectures as this work is based upon into the curriculum of the medical student.

As indicated by the title, the book is divided into two parts. That on comparative anatomy commences with some general considerations on organism and methods of classification. The skeleton is then defined and compared as it appears in the various forms of animal life, progressing from the elementary to the more perfect. The same plan is pursued with the digestive, circulatory, excretory and nervous systems. The phenomena of animal electricity and phosphorescence are discussed; and the sexual system and special sense close the part.

In the medical zoology those forms of animal life are considered which either furnish some article to materia medica, or else are objects of medical treatment, the latter class including parasites and entozoa.

In this part are inclosed descriptions of the musk deer, the civet cat, the cony, and the spermaceti whale, all of which furnish odorous principles more or less used in medical art, and the latter also the well known material for ointment. The class Reptilia describes the rattle snake, copperhead, moccasin, viper, and other poisonous snakes, though the list of thanatophidia is by no means exhausted. Of fish, the cod and sturgeon are particularly described. With the Insecta the author was assisted by Dr. George H. Horn, well known for his thorough entomological studies. A careful section on the classification of the vesicants is presented, with tables of characters by which all the genera from our own and neighboring countries may be recognized. Quite a number of these are found abundantly on our own soil, and can be used in place of the foreign article, when occasion requires. The blood is stated to be the chief seat of vesicating power, then certain glands of the generative system, and finally the eggs.

While the author aims at the utmost brevity, to a degree, indeed, which in its effect on his pages detracts somewhat from the interest of readers, no important point is omitted, and a large amount of matter is condensed in a very limited space. Of the hand-books of comparative anatomy before the public, not one is superior to it for the student who wishes to know those portions of the science most germain to medical instruction.

The manufacture of the book is quite satisfactory, and a carefully prepared index and glossary at the close aids the reader in prompt reference.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 9, 1874.

D. G. BRINTON, M.D., Editor.

The Reporter aims to represent the Profession of the whole country, and not merely sectional or local interests.

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OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

THE LIMITATION OF VENEREAL.

The Chicago *Medical Examiner*, which has always taken a most narrow and prejudiced view of this important question, has the following foolish talk in its issue of April 15th:—

"We have never been able to see why the medical inspection of a prostitute, once a week, should materially diminish the prevalence of syphilis, so long as she is liable to embrace disease the very next hour after her inspection, and have all the week to spread it in. If it were possible to rigidly enforce a law that *both sexes* should be examined, and receive a certificate of health before they embrace each other, some real benefit might be obtained, so far as the spread of disease is concerned."

If the editor of that journal would have the energy to read up with unbiased mind the reports on the Contagious Diseases Acts in England, he would become "able to see" how they do diminish the prevalence of syphilis. But nobody is so blind as he who *won't* see.

In cheerful contrast to such weakness, are the words of Dr. F. J. Bancroft, city physician of Denver, Col., in his last annual report:—

"No one but the physician, who sees, in the wives and offspring of the transgressor, the corroding and contaminating effects of diseases contracted in houses of ill-fame, can form any estimate of the fearful consequences entailed, by this evil, upon the present and future generations; for with no other sin is it more certain than with this, that 'the iniquities of the father shall be visited upon the children unto the third and fourth generations.' While I recognize the obstacles in the way of suppressing, or of so regulating it as to more than partially protect the imprudent and thoughtless who visit the places of which more than human wisdom has said, 'Her house is the way to hell, going down to the chambers of death,' I earnestly recommend that some stringent ordinance, like that enforced in St. Louis, be enacted here, which shall in some measure protect the unfortunate inmates of bad houses, as well as their visitors."

We despise that Christianity which is unwilling to help the erring and the unfortunate, though their own vices make them so; we think slightingly of that science which regards sickness as a visitation of Providence on sin, and,

therefore, as something that ought not to be interfered with; and as for that morality, that connubial fidelity, which is kept in check by the fear of disease, it is of less account even than that religion which is based solely on "the fear of hell, the hangman's whip."

These reputable men who seduce and ruin girls, who drive them in despair from their homes to the sinks and slums of great cities, where they fall a prey to foul diseases, these virtuous citizens, then throw up their hands in horror, and even oppose the attempt, the very endeavor, to lessen the miseries they have helped to load upon these wretched outcasts!

"Whip me such rascals naked through the world."

That there should be two medical journals in the United States, as there are, which oppose on every occasion the diminution of disease, and the lessening of the spread of such an insidious malady, is a sad spectacle in this year of grace. One of them, the *Pacific Medical and Surgical Journal*, is quite exercised lest this city should commit itself to such a wise and humane act. It says, in its April issue:—

"Some movements are on foot in Philadelphia to introduce the system in that city. But we should think Philadelphia is the last place in the country to tolerate it. As the case now stands, the legal recognition and licensing of prostitution has no foothold in the United States. The spirit of our people seems immovably hostile to it. To license an acknowledged vice is repugnant to the popular conscience. The mass of intelligent and moral people cannot be seduced into the commission of what they deem wrong, by glittering promises of good results. They will not believe that thorns can be made to bear grapes, or thistles figs."

And this from a medical writer who has at his command the statistical and unquestioned results of the English Contagious Diseases Acts! But, too often in medicine, as in theology, when a writer has once taken a position on a debated subject before the public, he gives up the *inquisitio veri*, and devotes himself to the *confirmatio sententiæ*.

The serene and superior confidence of the editor of the Canada *Medical and Surgical Journal*, on the same subject, is also quite awe-inspiring. He has, long ago, settled the matter, and can hardly refrain from astonishment that anybody is still found to debate it. In the April number of that journal he remarks:—

"We observe that a few gentlemen in our city have formed themselves into what they style the 'Sanitary Association.' They have taken up no less a subject than syphilis, and the means for its prevention and removal. The country at large would be greatly obliged to them if they would devise a plan for carrying out their idea with efficiency, an idea, by the way, which has baffled all who have indulged the hope of success in this matter. Far be it from us to wish to discourage these ardent movements, or to ridicule these efforts. But we may observe that they will bear no fruit, and we would simply advise these gentlemen to pass over in silence the consideration of this filthy subject, which is not a greater evil in Montreal than elsewhere."

"I am Sir Oracle, etc." Sewers and cesspools are also filthy subjects, and are no greater evils in Montreal than elsewhere; would he "simply advise" that these, too, be passed over in silence? Very simple advice it would be, i' faith; quite as much so as what he does give. Because we have hitherto failed in an enterprise, we should never try more!! Here is a second Daniel, indeed. But the limitation of these diseases has not failed, as any man, not purblind with prejudice, can convince himself in the space of time it would take him to write an editorial upon the subject.

In contrast to this, and to show how deliberate and inexcusable such ignorance is, we make the following extract from *The Lancet*, of April 11, on the practical workings of the English Contagious Diseases Acts. The article says:—

"We have read with much pleasure, and we think the opponents of these Acts might also peruse with much profit to themselves, an article in the *Western Morning News*, of the 28th ult., dealing with the results arising out of the operation of these Acts in the Plymouth district. The experience of the three towns, Ply-

mouth, Devonport, and Stonehouse, has proved these Acts to be one of the most beneficial pieces of legislation of recent years. Take the amount of disease for example. Not very far short of 6000 men, who took part in the Dartmoor Manœuvres, came from places which are under the Acts, and their admissions to hospital on account of this class of diseases did not reach 3 per 1000. Nearly 2000 men came from unprotected districts, and the proportion among them was five times as great. Dartmouth is included within the three towns district. In that town public prostitution is not quite wiped out, but it is reduced to the lowest minimum, and disease has altogether disappeared. Torquay is only a few miles distant from Dartmouth, but it is unprotected, and there prostitution and disease are rife. The immigration of prostitutes into the Plymouth district, amounting nearly to 200 during the year, is rightly alleged to be a sufficient answer to the appeals made on account of the assumed objection of these women to the operation of the Acts. It is asserted as probable that if the district should be isolated the lock wards of the Royal Albert Hospital would become all but empty. The operation of these Acts in this part of England has also been as beneficial morally as it has been physically, in vastly diminishing the number of brothels, in limiting the extent of juvenile prostitution, and in reclaiming a number of unfortunates."

With any quantity of such evidence before them, what moral right have any physicians to oppose these acts? None. Why, then, will they continue to do so? We can only explain it by a quotation from Mr. James Andrews' recent work, noticed elsewhere: "There are few sane persons who have not, on some points, delusions which are quite as permanent as those of the chronic maniac, and *with whom reasoning has much the same effect*."

Notes and Comments.

Therapeutical Notes.

HYPOCHLORITE OF LIME IN VARICOSE ULCERS.

MM. Panas, Lisfranc, and other French surgeons, claim for a solution of hypochlorite of lime a remarkable power of rapidly modifying the grayish surface and fœtid sanies of varicose ulcers. This property they explain very plausibly, by assuming that oxygen in the *nascent* state is developed when the hypochlorite (ClO CaO) is applied to organic matters, chloride of lime being formed at the same time. They compare this oxidizing action of "l'eau chlorurée" with the results obtained by the application of pure oxygen to gangrenous parts, as practiced by MM. Lauger and Démarquay.

CREAM OF CAMPHOR.

This liniment is quite popular in this city. Mr. Mattern gives the following formula for its preparation:—

℞—Castile soap, white		℥j
Boiling water, sufficient to dissolve.		
Carbonate of ammonia		
Gum camphor	āā	ʒss
Tincture of opium		fl.ʒss
Spirits of turpentine		ʒij
Oil of origanum		♏i
Water sufficient to complete,		pints ij

SACCHARATED CALOMEL.

This preparation, so highly spoken of by Dr. Harshberger, in the Reporter for May 2d, is shown, by a correspondent of the Atlanta *Medical and Surgical Journal*, to have been known long ago. He quotes from Hamilton on Purgatives, 1804, the following prescription:—

℞—Submuriatis hydrargyri scrupulum,
Sacchari albi drachmam.

Tere intime, et divide in doses duodecim, quarum sumat unam, omni bihorio."

SUBNITRATE OF BISMUTH IN SKIN DISEASES.

The subnitrate of bismuth is a substance which causes eruptions to disappear most rapidly and surely in regions where the itching accompanying intertrigo has induced the scratching which has given rise to them. It is one of the most valuable therapeutical remedies.

M. Legal uses it incorporated with glycerine. His formula is:—

℞—Subnitrate of bismuth,	eight grammes,
Glycerine,	eight grammes,
Tincture of cochineal,	twenty drops.

The glycerine is a very valuable excipient, because it does not become rancid, like the fats.

BELLADONNA IN NEURALGIC OPHTHALMIA.

Dr. M. E. Dozier, of Attala, says, in the *Journal of Materia Medica*, he desires to call attention to the efficacy of belladonna in a case of ophthalmia which recently came under his treatment, which had obstinately resisted prolonged treatment with collyriums, ointments, cupping and antiphlogistics. This case was

relieved almost instantly by one application of the fluid extract belladonna to the orbits and temples. The pain was very distressing and of a neuralgic character.

PERCHLORIDE OF IRON IN ITCH.

The surgeon of the Bristol Asylum, England, reports that occasionally a case is admitted with scabies. The treatment adopted is to touch each individual pustule with tinct. ferri perchlor., by means of a camel-hair brush. If carefully applied the disease disappears in a few days.

A Small Child.

Dr. W. Macpherson, of this city, in a letter to us, describes a child of unusually small size at birth. It was in the seventh month, and weighed, clothes and all, less than one pound. The mother was in the last stage of acute phthisis. The incessant coughing induced premature labor, and although the child was so very small, yet the continued coughing prevented continuous expulsive effort. She was delivered by the forceps, and the child was viable. It survived four days.

Elephantiasis.

A case of this disease, rarely seen in this country, is reported by Dr. E. R. DuVal, of Little Rock, Ark. The patient, a farmer, of thirty-nine years of age, was first attacked with rheumatism of the joints of the lower extremities, in the year 1862. He seems to have received no treatment other than of a domestic character, or to have consulted a physician, until 1866, when he became the patient of a homœopathic physician, and remained under his treatment until 1869. During this period the disease gradually advanced, extending to the upper extremities and successively attacking each joint. From 1869 to the present time he has been attended by many physicians, but with no decided benefit.

In August, 1872, he was attacked with erysipelas in his feet, extending up the legs almost to the knees. By degrees the tumefaction and other characteristics described gradually increased, until the dimensions of the feet and legs were as follows:—

Length of feet, fourteen inches; across instep, twenty-four and one-fourth inches; across ankle, twenty-one inches; across toes, twenty-two and one-half inches; around legs, twenty inches.

On the 6th ult., after a consultation of quite a number of physicians, Dr. DuVal amputated both legs above the knee. He is reported to have borne the operation very well, and that hopes of his recovery were entertained.

Each foot, as amputated, weighs twenty-six pounds. The identity of the toes seems to be lost, but the feet present all the characteristics of elephants' feet.

A Large Family.

Dr. A. D. Binkerd sends us an account of Mr. John Kissinger, of Clarion county, Pa., who has been the father of *thirty-four* living children. He has been twice married, his first wife leaving him nineteen, his second fifteen. Our correspondent pertinently asks, "Who can beat that, or who wants to?"

In 1834 nine of his children were suffocated and destroyed by fire in a conflagration of his house when he was from home, a ghastly accident, but eleven of them still survive.

Consumption in Colorado.

The city physician of Denver, Colorado, Dr. F. J. Bancroft, in his annual report cites sixty deaths from pulmonary consumption and hemorrhage, but adds:—

These have been deducted from the sum total, as in every instance the disease was contracted outside of the limits of our Territory. Many of these deaths occurred within a few days after the arrival of the invalid, as the result of the advanced stage of the disease, and the long and fatiguing journey.

How to Test the Hearing.

In Mr. J. Keene's recently published *Manual of Aural Surgery*, he gives the following directions for testing the acuteness of hearing:—

"Having ascertained, on persons of normal hearing, the distance at which the tick can be heard, this constitutes a standard by which we can judge the amount of hearing in disease. Watches, however, differ so much in tone, and consequently in the distance at which they can be heard, that to describe a watch as being heard at so many inches from the ear really means nothing except as regards the particular watch employed. I would therefore recommend keeping record in a manner very similar to that used in testing vision. Thus, the watch may be represented by the letter W, and supposing the distance at which it can be heard by

the healthy ear be five feet, *i.e.*, sixty inches, $W\frac{60}{60}$ would express the normal hearing distance corresponding with the emmetropic condition of the eye. If, in the case under observation, the watch can only be heard at one foot, *i.e.*, twelve inches, $\frac{12}{60}$ would represent the condition of hearing. In each case the denominator of the fraction indicates the number of inches at which the watch can be heard in health; the numerator, the actual distance in the case under observation. When the distance is less than an inch, the addition of a cypher to the denominator would express the quantity in tenths; thus, $\frac{5}{600}$ would represent half an inch, and so forth. Contact may be expressed by $\frac{C}{60}$; pressure, $\frac{P}{60}$; and if not audible at all, $\frac{0}{60}$. This method possesses the advantage of showing at a glance the distance at which the watch should be heard, as well as that at which it is heard."

The New Diaphoretic, Jaborandi.

The *Repertoire de Pharmacie*, quoted in the *Chemist and Druggist*, contains an account of this new remedy:—

Dr. S. Cortinho, of Pernambuco, who claims to have discovered the properties of the plant, induced Professor Gubler, of Paris, to make a trial of it, and the account given by that eminent physician corresponds exactly with the claims put forth by Dr. Continho.

The leaves and little twigs of the plant are broken up, and from four to six grammes infused in a cupfull of warm water. The infusion may be taken warm or cold, and in about ten minutes after administration the patient breaks out into a violent perspiration, which continues for four or five hours, and which is so thorough as to necessitate several changes of linen. At the same time a most abundant flow of saliva is promoted, so abundant, says M. Gubler, that speech is rendered almost impossible. He asserts that he has known patients eject *more than a litre* in less than two hours. Occasionally the medicine has induced diarrhœa. Its action is more rapid and more thorough if taken warm, and if the patient is well covered up in bed, but its effects are none the less certain under quite contrary conditions.

MM. Continho and Gubler justly assume that there is a great future for a drug of such capabilities as this *jaborandi* seems to possess. According to Professor Baillon, the plant belongs to a species of the rue family, the *Pilocarpus pinnatus: jaborandi*, it seems, is the Indian name for the plant. M. Continho slightly shakes our confidence in the miraculous power of his *protegé* when he tells us that it is to be found in the interior of some of the northern provinces of Brazil, an expression which seems to bear a relationship to Dr. Bliss' famous condurango formula, the herb which was only of value when procured "from the almost inaccessible slopes of the Andes."

Test for Curarine.

F. A. Fluckiger finds that curarine may readily be distinguished from strychnine by the fact that its chromate is amorphous, that of strychnine being easily obtained well crystallized. Further, air-dried chromate of curarine dissolves in concentrated sulphuric acid with a pure and very intense blue color, while the chromate of strychnine gives a violet.

Temperature in Pneumonia.

Dr. G. W. Balfour, in an address quoted in the Edinburgh *Medical Journal*, is inclined to agree with Wunderlich, who holds that in pneumonia temperature is not of much importance. He recognizes three types of pneumonia in adults, excluding catarrhal pneumonia and broncho-pneumonia. 1. One in which the temperature rises with suddenness and fell equally suddenly. In this embolic or œdematous form no treatment was needed. 2. One in which a sudden rise is followed by a high average temperature for five or seven days, and then a sudden fall. This he believed can be cut short by treatment. 3. One in which a gradual rise, extending over three days, is followed by three or four days of high temperature, and an equally gradual fall. In this he believed treatment was also useful.

Physiology as the Basis of Æsthetics and Ethics.

The following suggestive remarks of Dr. E. Cyon, are from one of his articles translated in the Chicago *Journal of Mental and Nervous Disease*. They merit the profoundest study:—

I have the firm conviction that that part of physiology which employs itself in seeking out the laws of the beautiful, and endeavors to discover the particular structure of our organs of sense, and of our nervous systems; which forces us to love the beautiful, and to abhor that which is not; I am firmly convinced that that portion of physiology has a very different scope than is at this time imagined. When we have dis-

covered the organic laws of the beautiful, then let us search for those which determine the good; for everything that is great, good and generous, is at the same time beautiful; all that is vile, malign and base, is also hideous. There are, therefore, fundamental dispositions in the structure of our brains which compel us to prefer the noble and good to the base and vile, as there is that in the structure of our organs of sense which causes us to love the harmony of sounds and colors, and to detest its opposite.

Physiology can create, in this manner, the basis of a scientific system of ethics, by which it may nourish and cultivate man's moral sense, as it gives the principles of harmony for the cultivation of our musical sense.

Correspondence.

Have the Jews any Immunity From Certain Diseases?

Ed. Med. and Surg. Reporter:—

The reading of Dr. M. Marsh's communication, in the April 11th number of the Reporter, on the subject of "Jews and Christians," and the alleged comparative immunity of the former from tubercular and other diseases, and superior longevity, prompts me to write on this subject in the interest of truth. There is need of dispelling erroneous impressions, which have obtained currency, even among medical men. I claim some authority on this subject, being nationally a Jew, and having practiced as a physician among Jews and Gentiles for the last fifteen years, both in Europe and in this country. My experience, faith, and education prevent me from according advantages to the Jews, in health and life, which do not exist. In these respects it is not scientific to contrast Jews with Christians, but rather with non-Jews, or Gentiles. As to the alleged Jewish immunity from tuberculosis, I can say, that in the family of an aunt of mine, two grown-up children died of pulmonary consumption, it being an evident inheritance from their father's family.

Two Jewish gentlemen, of superior education and impartiality of mind, who happened in my office, were almost indignant at the assertions in Dr. M.'s communication, and cited a number of deaths from consumption in the families of their relatives and acquaintances. In Russia, where I lived up to my twentieth year of age, and that in the midst of a dense and intense Jewish population, whose life is controlled in every step, not only by the inspired Mosaic laws, but vastly more by the unbearable laws and regulations of the latest commentators of the Talmuds, whose separation from and hatred of the Gentiles are complete and intense, these being, as it were, imbibed with one's mother's milk, who constantly inculcate to the young the vaunted superiority of the Jewish above any other race, even there I never heard the Jews claim any immunity from tubercular consumption, simply because it does not exist there; and the number of Jews in Russia is greater than anywhere in the world. Nor have I observed any such immunity among the Jews of European Turkey, where I practiced medicine for some years. And in my practice in this country (since 1867), which is equally divided between Jews and Christians, I am sure I have observed no Jewish immunity from any diseases, venereal diseases not excepted. And why should it be, at least in this country? The diet of the American Jew differs little from the diet of the population in general, except in the eating of porcine products. But pork is no cause of tuberculosis, as I shall show further on. The only difference there is between the meat prepared for the Jew and that prepared for the rest of the world consists in the examination of the slaughtered animal as to the healthy state of its lungs and intestines, and this may have a bearing upon the possible transmission of tubercles from the lower animals to man. But it must be remembered, that though many Jews eat meat in their homes from that which is prepared for them exclusively, many Jews also eat meat as it is generally sold in the shambles, and abroad, the Jew of this country makes no question for conscience sake.

In sexual indulgence, too, the Jews of this country do not fall behind the rest of the world, and share fully in the inevitable calamities of the criminally unrestrained practice of prostitution in this country and elsewhere. To this I can testify professionally, and my impartial Jewish friends can and do the same. In common with others, especially with Hufeland, I once believed that circumcision affords a protection against venereal, but my practice in Vienna, Austria, and in this country, since 1862, persuaded me fully to the contrary. The apparent immunity which the Jews of Russia and European Turkey, whom I know best, seem to enjoy from venereal diseases, arises from their greater chastity and the practice of early marriage. That chastity refers not only to the unmarried youths, but also to the married, whose observance of the ancient laws of purification after the menses and after child-birth is very stringent, and no doubt very salutary for both sexes, and the total neglect of which among other people may, indeed, be one source of sexual disease in both sexes.

As to the superior longevity of the Jews, this is a fiction. The Russian peasantry, whose principal animal diet consists of porcine products, and whose beverage is the strongest alcoholic distillations, and whose labor, owing to a want of improved agricultural implements, is of the severest kind, shows the greatest percentage of octogenarians and centenarians, and a physique not surpassed by any race of men. The longevity of the Jew is not that of the individual, but of his race, and this is not owing to diet or superior moral qualities, but to a certain advan-

tage of constitution, which dates back to the time of Abraham, the first Hebrew, and which his posterity enjoys as an undeteriorated inheritance to this day, because they have not mixed by intermarriage with the other races with whom they came in contact, or only to a very small extent; and circumcision is perhaps the moral agent which effects this.

A parallel to the longevity of the Jewish race is to be found in the case of the Gypsies, not a Semitic, but an Aryan tribe from India, whose longevity does also not suffer from any climatic circumstances, there being no clime where Gypsies are not found, and yet they adopt the religion of the country they happen to live in, and observe no dietary laws, and are far from being total abstainers from alcoholics. In this case, too, there must be a certain inherited constitutional advantage, superior even to that of the Jews, for the Gypsies observe no circumcision, and no laws against intermarriage with the rest of the world. Diet, therefore, particularly the average diet of a race, nation or tribe, has no influence upon the average longevity of its individuals, the clay eaters, perhaps, excepted. The frugal diet of the Scotch and the fat diet of the Dutch, do equally not affect either their hardiness or their longevity. With reference to the ingestion of porcine fat, I would venture to suggest that, the digestive organs being equal to the absorption of an excessive quantity of it, may really be a preventive of tubercular consumption. No people in the world eat such quantities of porcine fat as the Russian peasantry do, and yet not even in the highest north of Russia is consumption a prevalent disease. I am the more inclined to this opinion from the excellent effects which I have obtained in my practice from the administration of pancreatic fat, pancreatic juice, and pancreatic emulsion, in cases of tubercular consumption and other wasting diseases. This discovery of Dr. Dobell is only in aid of an impaired absorption of fat, by an impaired action of the pancreas in its emulsification. But the ingestion of fat is the main remedy against consumption, and may it not also be a preventive?

The singular preëminence of the Jews in health is a mere fiction, propounded either by those who are not acquainted with the Jewish race in other parts of the world than in this country, or by certain Jewish enthusiasts who have a special axe to grind. The superior longevity of the Jews is not that of the individual, but that of his race. And this, apart from the gift of God in that constitutional advantage to which I referred above, is also owing to the foundation of Jewish society, viz, the care which one Jew bears for his brother Jew. Neither persecution nor perfect equality prevents the Jews from forming strict communities in the midst of the others where they happen to live. It is not here the place to point out the causes of this remarkable phenomenon. The fact is apparent to all the world. As long as a Jew does not forsake his mere name, as such, for another name, he is not lost in this wide world, for he always dwells where his brethren of the same name dwell. And the Jew knows as instinctively that his brethren will care for him when he needs their aid, as he is himself instinctively ready to help them, even from his smallest substance, when they call upon him in their need. Morals, opinions, rectitude, are matters of less consequence; only let a Jew be willing to be called a Jew, and his people are always grateful for it, substantially and practically. A great part of a lifetime spent as a physician among Jews, in places exclusively Jewish, and also among Jews who are living with Turks, Russians, Protestants and Catholics, and seeing them in health and in disease, in princely affluence and in abject poverty, in the deepest religious bigotry and in the perfect indifference of infidelity, persuades me fully that no race, nation or tribe live in such an inextinguishable trust in the good will of its brotherhood as the Jewish nation does; a trust which frequently assumes among them the expression of a religious trust in God. It is this, I humbly think, which supports the worried nerve and brain of the poor Jew (and most of them were poor at a certain previous time), in his struggle for life, and procures the longevity of the Jewish race under all and even opposite circumstances.

A true biological physiology, which is not tied to the leading strings of the mere chemical doctrines of life, must acknowledge the preëminent influence which the life and state of the human soul has upon the human body, through the agency of its nerves and brain. In our present state of society, with its ever increasing demands upon bodily human energy, human nerves and brains, there is nothing more killing than the feeling of standing alone in this world. That the civilized part of the race is feeling this truth instinctively, witness the increase of secret and open fraternities, which, though hardly keeping pace with the increasing selfishness of the men of this materialistic age, is still something of an effort in aid of the individual in his arduous struggle for life and existence. But the Jewish nation always was, and is now, a great and close fraternity, one Jew never forsaking the material welfare of his brother Jew, and he knows it instinctively. No wonder, then, that he *feels* supported in his struggles, and no wonder that the bodily life of the individual Jew, and of his nation, do not succumb under any vicissitudes of mortal existence.

It is not, therefore, on account of Jewish sanitary laws, it is not on account of an imaginary exemption from any diseases, nor is it that the Jew is not a hard laborer, that the Jewish nation has not only survived the most terrible catalogue of sufferings for centuries and chiliads, but has even increased steadily under them, but it is, first, because of the constitutional stamina which that nation inherited from its progenitor, Abraham of old, and because it kept that inheritance undeteriorated by not intermarrying with other races; and, secondly, because of that close brotherly compact between its individual members the world over, and throughout all times and circumstances.

In this second point society and the Christian Church have a lesson to learn. That which God in his goodness has made as an instinctive preservatory means of the Jewish nation, is being sought (but with what results?) by the Church from its origin, and by the infant science of sociology of our day (but with what promise?), to obtain it for the entire human race.

And for us too, as medical men, there is in this point a very important lesson yet to be learned, and that is, that while drugs and remedies are only remedies for the impaired body of man, the great conservator means of individual, national and social health is that brotherly love of humanity which is in opposition to the low, groveling selfishness which seeks only its own. In a medical sense, too, it is the spirit which gives life, and not the body; not so much the food which it takes, as the goodness which it spends. Not only "a healthy spirit *in* a healthy body," but a healthy spirit *for* a healthy body, individual, national and social.

Grateful to you, Mr. Editor, for bringing such topics to the notice of the profession, I am yours, very respectfully,

EPH. M. EPSTEIN, M. D.,
137 *Twelfth St., Cincinnati, O.*
April 18th, 1874.

Delivery of the Placenta by Supra-Pubic Expression.

ED. MED. AND SURG. REPORTER.

At page 158 of the current volume of your journal, I advert to "Credé's method of placental delivery." From letters of inquiry since received, I find that some of your subscribers are not acquainted with this useful method, and I, therefore, beg space for its description. It is as follows:—

After the cord has been cut and the child removed, the fundus of the womb is grasped, through the abdominal wall, between the thumb in front and the fingers behind. It is then, at the maximum of a uterine contraction, to be both forcibly squeezed and at the same time pressed downward and backward. By means of this uterine expression the placenta and membranes are usually at once detached and extruded. Sometimes, indeed, they will suddenly pop out of the vulva, just as the stone escapes when a cherry is pinched between the finger and thumb. Occasionally it will need two or more pains to effect this; but the sooner this plan is resorted to after the birth of the child, the more easy in execution will it be. In a lean woman this operation is usually successful; in a fat one it may fail, but not often. Those who, like myself, practice this method, contend that it offers many advantages over any other. The risk, on the part of the physician, of communicating any puerperal disease is lessened. The expulsion of the placenta and membranes by a *vis à tergo* is more likely to be complete, than by traction on the cord. Since no traction is made on the cord, it cannot be broken. Adherent placenta is less frequently met with. The introduction of the hand into the womb is avoided, and so also, as a consequence, is the ingress of air. It empties the womb of all clots, and squeezes it down to its minimum capacity. Finally, the torsic and energetic contraction of uterine fibres following this manœuvre tends to prevent the occurrence of hemorrhage or of unruly after-pains. Yours, etc.,

WILLIAM GOODELL, M. D.
Preston Retreat, Philadelphia.

Nitrate of Lead.

ED. MED. AND SURG. REPORTER:—

I am glad the great therapeutic value of this article, in special varieties of carcinosis and malignant ulcerations, "has been *discovered*" by our kinsmen on the other side of the Atlantic. The high position of the London *Medical Times and Gazette*, and the special notice of Professor Vanzetti's monograph on onychia maligna, will bring this valuable therapeutic agent before the profession in a shape and from a source that will attract general attention.

If the reviewer had read the MEDICAL AND SURGICAL REPORTER, of Philadelphia, Oct. 11th, 1873, he would there have found nitrate of lead suggested as a remedy in such affections, in my comments upon a paper previously published in the London *Medical Times and Gazette*, purporting to be conclusions drawn by Mr. I. W. Hulke, of cases of warts that have fallen under his notice, and the suggestive treatment. The whole article of Mr. Hulke was devoted to the consideration of epithelioma. He recommends extirpation by the knife. The following is my language in reply, recommending the nitrate of lead treatment: "Here we, or rather I, and my transatlantic kinsman part. Our best American surgeons and physicians have found milder and less sanguinary treatment of this disease, and therapeutic agents that are very efficient and potent * * *" This was the *pointed* language I used in my departure from Mr. Hulke. I then gave the following formula for its use in such cases:—

℞	Plumbi nitrat.	ʒij.	
	Aquæ rosar.	fl.ʒiv.	M.

Sig. Applied three times a day.

I did not pretend to originality, but gave the late Professor Mussey, of Cincinnati, credit for the suggestion. It was before the Mexican war, as I recollect, I think in 1844. I have used nitrate of lead, according to the above formula, with the happiest results, for the long term of years since intervening.

I have used it, within the last year, in two cases of a year's standing of fœtid ulceration of the nose, of apparently malignant character, with decided and prompt relief. In one case the septum of the nostrils was entirely destroyed. It is now sound and well, and gives the gentleman no uneasiness.

So you see what is held to be a *new discovery* in therapeutics by the *London Medical Times and Gazette*, was in use by one of our most cele-

brated surgeons, Dr. Mussey, at least thirty years since.

And here in America, at this time, just bringing it forward and commending it, is characterized by some of the young, buoyant, ambitious, and fast members of our profession, as retrograding, as making an excursion into the realms of the far off, distant, dim, and glimmering archæology. MADISON MARSH, M. D.

Port Hudson, La.

Subnitrate of Bismuth in Onychia.

ED. MED. AND SURG. REPORTER.

In the 28th of March number of your paper, I find, under the head of "A Real Remedy for Onychia Maligna," that nitrate of lead does away with all operative procedures, and cures onychia maligna rapidly and painlessly. In a note at the bottom of said article the editor remarks, "It must be little known, as we have asked for it in several retail drug stores, and it was not in stock."

In many years of experience, I have found that subnitrate of bismuth, when applied in powder, produces also a rapid and painless cure, with all the good results claimed for the nitrate of lead, and the bismuth being so important a remedy generally, is to be found in all drug stores, and almost all doctor's offices.

J. W. COMPTON, M. D.

Evansville, Ind., April 19, 1874.

NEWS AND MISCELLANY.

The Remains of Dr. Livingstone.

When the remains of the eminent traveler reached London, Sir William Fergusson was appointed to verify them. His report appears in the late English journals, and the following extracts from it will doubtless be read with interest:—

"From what I have seen I am much impressed with the ingenious manner in which those who have contrived to secure that the body should be carried through the long distance from where Livingstone died until it could reach a place where transit was comparatively easy, accomplished their task. The lower limbs were so severed from the trunk that the length of the bulk of package was reduced to a little over four feet. The soft tissues seem to have been removed to a great extent from the bones, and these latter were so disposed that by doubling and otherwise the shortening was accomplished. The abdominal viscera were absent, and so were those of the chest, including, of course, heart and lungs. There had been made a large opening in front of the abdomen, and through that the native operators had ingeniously contrived to remove the contents of the chest as well as of the abdomen. The skin over chest, sternum, and ribs had been untouched.

The skin of the trunk, from the pelvis to the crown of the head, had been untouched. Everywhere was that shriveling which might have been expected after salting, baking in the sun, and eleven months of time. The features of the face could not be recognized. The hair on the scalp was plentiful, and much longer than he wore it when last in England. A moustache could not be recognized, but whiskers were in abundance. The forehead was in shape such as we are familiar with from memory, and from the pictures and busts now extant. The circumference of the cranium, from the occiput to the brow, was twenty-three and seven-eighths inches, which was recognized by some present to be in accordance with such measurements when alive.

In particular the arms attracted attention. They lay as if placed in ordinary fashion, each down by the side. The skin and tissues under were on each side shrunk almost to skeleton bulk, and at a glance, to practiced eyes, there were five, I may say six, professional men present, the state of the left arm was such as to convince every one present who had examined it during life, that the limb was Livingstone's. Exactly in the region of the attachment of the deltoid to the humerus there were the indications of an oblique fracture. On moving the arm there were the indications of the ununited fracture. A closer investigation and dissection displayed the false joint which had long ago been so well recognized by those who had examined the arm in former days. The Rev. Dr. Moffat, and in particular, Dr. Kirk, late of Zanzibar, and Dr. Loudon, of Hamilton, in Scotland, at once recognized the condition. Having myself been consulted regarding the state of the limb when Livingstone was last in London, I was convinced that the remains of the great traveler lay before us. Thousands of heads with a like large circumference might have been under similar scrutiny; the skeletons of hundreds of thousands might have been so; the humerus in each might have been perfect; if one or both had been broken during life it would have united again in such a manner that a tyro could easily have detected the peculiarity. The condition of ununited fracture in this locality is exceedingly rare. I say this from my personal professional experience, and that such a specimen should have turned up in London from the centre of Africa, excepting in the body of Dr. Livingstone, where it was known by competent authorities to have existed, is beyond human credibility. It must not be supposed by those who are not professionally acquainted with this kind of lesion, which often causes so much interest to the practical surgeon, that a fracture and new joint of the kind now referred to could have been of recent date or made for a purpose. There were, in reality, all the indications which the experienced pathologist recognizes as infallible, such as the attenuated condition of the two great fragments (common under such circumstances), and the semblance of a new joint, but actually there was a small fragment detached from the others which bore out Livingstone's own view that the bones had been "crunched into splinters." Having

had ample opportunity of examining the arm during life, and conversing with Livingstone on the subject, and being one of those who entertained hopes that the last report of Livingstone's death might, like others, prove false, I approached the examination with an anxious feeling regarding this great and most peculiar crucial test. The first glance at the left arm set my mind at rest, and that, with the further examination, made me as positive as to the identity of these remains as that there has been among us in modern times one of the greatest men of the human race, David Livingstone.

A Modest Announcement.

A correspondent in Wisconsin sends us a local paper containing a paragraph on a doctor of the town, evidently written by himself. It reads:—

"Dr. —— has been practicing for ten years, attended the best medical colleges in the country, was surgeon in the U. S. army for three years, and studied for three years with Dr. ——. His library is large, and contains the latest standard American and English works, and all the leading medical and surgical periodicals of the day. He discards entirely the use of mercury in any form, as also epsom salts, castor oil, etc., and uses in his practice the latest and most approved remedies."

He evidently believes that a new doctor in a place does best with new remedies.

Swallowing a Fork.

A young man in Paris, a clerk at one of the *magasins de nouveautés* there, actually swallowed an ordinary table-fork whilst showing his talents to some of his friends. He was taken to the Hôpital la Pitié, under the care of Dr. Labbé. Soundings with various instruments have been made, for the purpose of exploring the stomach and making out the exact position of the fork, but without much success. The respiratory and digestive functions are scarcely at all disturbed. The only inconvenience which the patient complains of is a feeling as of a foreign body, only when the stomach is empty.

The Largest Volume in Medical Literature.

Dr. Triplett, of Washington, says, in an article in the Richmond and Louisville *Medical Journal*: "I must not omit mentioning a discovery made on the premises of Dr. J. M. Toner, President of the American Medical Association. The basement of his house represents the vast index of a monster volume of 'Medical Literature.' Lettered drawers are filled in alphabetical order, with strips of paper, on which are marked the headings of all original contributions of the medical journals of this country, and properly numbered for quick reference. The upper rooms represent the body of the book. I had no idea there was such a huge volume, or so great a worker in town."

QUERIES AND REPLIES.

Dr. B. W. S., of Iowa.—You will find the leading new remedies described, with their properties and uses, in the *Half-Yearly Compendium of Medical Science.*

Dr. J. H. S., of Pa.—At last we have it right. The Penn Medical College never was a regular institution. The school in which Drs. Meigs, Reese and others were professors, about 1852, was the Medical Department of the Pennsylvania College, of Gettysburg, located here.

Dr. K. T., of Ind.—Every medical man's name will appear in the U. S. Medical Directory, without reference to his system of practice. The book will be out the middle of June.

Salvio, of N. Y.—We have not the least faith in the "acid phosphates" as a remedy for sea sickness. "Dry champagne and deviled biscuit," as recommended by Dr. Chambers, is more likely to meet the case.

OBITUARY.

DR. J. K. HOLLOWAY.

Dr. J. K. Holloway died at Akron, Ohio, April 16th, 1874, aged 39 years. Dr. Holloway graduated at Long Island College, Brooklyn, in the spring of 1860, located at Nittany Hall, Centre Co., Pa., in the winter of the same year. In the spring of 1870 he removed to Akron, Ohio, where he died as above stated.

In the death of Dr. Holloway the medical profession has lost one of its most skillful physicians. He was able in his profession, and rapidly advanced to the front rank of medical men. He was a man of deep research, and displayed in every case he undertook ability and great skill. It is sad, indeed, that one so useful should be cut down so early in life. H.

MARRIAGES.

GRIER—WATMOUGH.—On the 29th April, by the Rev. Dr. Rudder, Medical Director William Grier, United States Navy, to Margaretta, daughter of the late Colonel John G. Watmough, of Philadelphia.

GUIER—TYBOUT.—On the 18th ult., by Rev. J. B. Spottswood, D. D., Dr. George Guier, of Costa Rica, Central America, and Marion M., daughter of George Z. Tybout, of New Castle County, Delaware.

PAGE—HEYWOOD.—At Venice, O., April 15, by the Rev. Geo. L. Chase, of Minneapolis, Minn., Wm. R. Page, M. D., and Ida R. Heywood, all of Venice. No cards.

SCOTT—SKILLMAN.—At Lexington, Kentucky, on April 21st, by the Rev. Robert Christie, John W. Scott, M. D., formerly of New York City, and Elizabeth B. Skillman, daughter of the late A. T. Skillman, of Lexington.

DEATHS.

HARRISON.—At Shullsburg, Wis., on Saturday, April 18th, at (low twelve) 12 P. M., of heart disease, Mrs. S. J. Harrison, wife of W. H. Harrison, M. D., aged 38 years.

PAIST.—At Philadelphia, on April 11th, 1874, Anne E., wife of H. C. Paist, M. D., aged 43 years.

STEVENS.—April 20th, 1874, at Indianapolis, Ind., Lizzie E., wife of Thaddeus M. Stevens, M. D., formerly Lizzie E. Reece, of Radnor, Delaware county, Penna.

THE

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Communications.

CASES OF CEREBRO-SPINAL MENINGITIS IN 1873 AND 1874.*

BY WILLIAM READ, M. D.,

Of Boston, Mass.

But little need be prefaced to the report of the following cases, by way of explanation. They are submitted to the profession rather for the purpose of calling attention to the treatment pursued than of recording any new features, whether of symptoms occurring during the progress of the disease or pathological changes ascertained after death. The literature of cerebro-spinal meningitis is abundant and copious in its treatment of the subject. To one symptom, however, I must call attention: A peculiar irregularity of the pulse. In some cases both the rhythm and the force of the beat is entirely destroyed. I have described it in one case as like the ticking of a clock when the pendulum swings several times ineffectually, and then, giving a full beat, starts along for a while, to again go through the same disturbance. At other times we find the pulse, while beating very fast indeed, suddenly drop to a much lower rate, with no regularity in this alternation, but still persisting throughout the disease. Then again we find, in the same patient, periods, often of hours' duration, during which the pulse will intermit at longer or shorter intervals. All of these conditions seem to outlast apparent convalescence, for they are brought back by exercise or fatigue, after the patient has regained strength and seeming health. It has been so universal in the cases I have had under supervision (in every case but two, Nos. 3 and 17), that to me it has been a diagnostic symptom.

It is somewhat remarkable that of the nineteen cases treated, the only deaths have occurred in those where the treatment by ergotine and belladonna were not used to any practical extent, or it was abandoned before the turning point of the disease was reached. In case No. 1 the patient had been treated for typhoid fever for a fortnight, and had developed symptoms of serious lesion of the brain before coming under my care. In case No. 3, when the patient was brought to the hospital she had been sick for two weeks. The general aspect was that of typhoid fever, and while waiting for the appearance of the peculiar disturbance of the pulse, she was treated accordingly. She suddenly fell into such a state of unconsciousness as to forbid the administration of the medicine. In case No. 17, which was, perhaps, the most clearly defined of all, in so far as symptoms are concerned, the patient was apparently doing well up to the time when, my term of service having expired, the case passed into the charge of my successor in rotation. The ergotine and belladonna were omitted, and in two days there came on paralysis of one-half of the body, followed by spasm of the muscles. Death ensued three days later.

For the idea of this treatment I am indebted to Dr. Brown-Sequard, who has demonstrated the power of both ergot and belladonna to diminish the amount of blood supplied to the brain and

* The unusual success recorded by Dr. Read in the management of a very prevalent and fatal disease will doubtless be rendered more satisfactory to our readers by the fullness of detail with which these cases are reported.—Editor Reporter.

spinal cord. It was adopted at the outset as the only treatment, amongst the variety which are to be found in the published records of the disease, which was based on physiological grounds. The result of its use certainly gives confidence for its repetition in the future, and the hope that, by an early and persistent administration, we may successfully cope with this dreadful scourge. One very interesting fact connected with the history of these cases is the immunity of the pupil of the eye from the relaxing property of the belladonna. In only one was it noticed, No. 17, and in this case at the end of four days.

Case I.—March 5th, 1873. Eugene Alley, æt. 21 years, is a driver for a brewing firm, and is much exposed. Has always had average health. A fortnight ago, while on his route, had a chill, followed by high fever. For this he took a sweat, with relief. While in the fever was out of his head. On the following Sunday, P. M., his jaws became set, and he suddenly lost his speech, being obliged to communicate his wants by signs. This condition continued for half an hour. Since then has had no return of the attack, but has had pain in his jaws and difficulty in moving them. Had severe pain all over, but particularly in his bones, and all the time at the back of the head. No sleep, except by aid of opiates. Had no appetite; tongue coated; eyesight very feeble; and conjunctiva much ecchymosed; pupils mobile and contracting and expanding equally; pulse fifty-eight; lips somewhat parched; urine scanty and thick; no petechiæ; heat of the body to the touch rather cool; by thermometer 103° in the axilla; bowels rather constipated; has not been really rational since he was taken, although he answers questions correctly; keeps his right eye closed most of the time; was very thirsty at first, but this has passed off. When he was first taken was put in pain by every attempt at moving him. Yesterday (4th) began to lose his power over words, and cannot always speak what he wants. Occasionally picks at the bedclothes, and picks his nose. Has had nose bleed. Just before the paroxysms of pain come on in his head, whistles and sings with all his might. To have one grain of ergotine with one-tenth of a grain of extract belladonna every three hours. Counter-irritation with eroton oil to nape of the neck. Brandy, p. r. n.

March 6th. Found patient sitting up. Reports that he slept sufficiently during the night. He is rather less stupid, but his general condition is essentially unchanged. Pulse seventy, and very irregular; headache continues, with no abatement of severity.

March 7th. Had a very restless night; fractious; got out of bed; sat up; walked about; drove his team; smashed the headboard, etc. Complains that his head aches severely; tongue clean; pulse thirty-four; irregular and in many of the pulsations feeble, as if the beat was not fully accomplished. Mother reports that twice during the night respiration ceased to such a degree that she went to the bed to examine if patient was alive. Right eye remains closed, and the picking at the bed-clothes continues. Have a blister 2×2 on top of the head.

℞.	Bromid calcii,	ʒij	
	Chloral hydrat,	ʒj	
	Syr. aurantii,	fl.ʒij.	M.

Sig. Give ʒij every hour, p. r. n.

March 8th. No change for the better; very crazy.

March 9th. Dr. T. W. Fisher saw him in consultation. The only change from his condition previously, is that he is now very stupid; the pain in his head continues. By Dr. Fisher's advice the quantity of stimulants he had been taking was increased.

March 10th. Before making visit, word was brought that patient died towards morning.

An autopsy, made on the second day after his death, showed the brain in a state of congestion throughout. Patches of the membrane rendered opaque by fibrinous deposits, and a large quantity of fluid in the ventricles. Portions of the brain were much more softened than could be attributed to the process of decomposition. This was particularly noticeable at the base, and would account for the change in vision and loss of hearing.

Case II.—April 2d. James Powers, æt. 23, by trade a paper hanger, was admitted to the Boston City Hospital, April 2d, 1873. Always previously healthy; has been very much exposed to cold during the past winter, from insufficiency of clothing, although he has had enough to eat; has had but little work. Present attack dates from Friday, three days ago, although at this time he was no more chilled than he had been previously. Attack was accompanied by headache; at first this was slight, but increased until it became so severe as to prevent sleep. For about two hours in the afternoon of each day there has been a slight

remission. Has noticed no change in eyesight, hearing or smell; nor has there, by patient's report, been any cerebral disturbance; has been very thirsty, but indifferent as to food; has slept about four hours during the twenty-four, following which the head seemed to be somewhat relieved. After about an hour or an hour and a half there came on a certain amount of spasmodic action of the muscles, which continued more or less till next period of sleep. Bowels have been constipated; went a week without a dejection, and was then relieved by a cathartic. Micturition normal. For relief of his pain, lies on his back by preference, in which position he was found when I first saw him. Pulse 61–63, varying in rate through different portions of the minute. Surface of the body cold, perhaps from exposure on his way to the hospital. Pain in head across the brow, but most intense at base of brain, and extends down the spine almost to the lumbar region. Trembling, with a good deal of muscular spasm, but attended by no feeling of chilliness. Has had no dejection for two days. He was ordered a cathartic of

℞.	Ol. ricini,	fl.℥ij	
	Glycerin.,	fl.℥ss	
	Tr. sem. anisi,	fl.℥ss.	M.

To have ergotine, one grain, with extract Belladonnæ, one-tenth of a grain, every four hours; croton oil to nape of neck, and sinapisms to feet.

April 3d. Patient presents the same irregularity of pulse that was noticed yesterday. The same trembling. Vomited this morning. Continued treatment.

April 4th. Condition unchanged. Continued treatment.

April 5th. Early in the morning complained of pain in the head and back, more severe than he has had. Pulse continues very irregular. He was ordered ice to head and sinapisms to calves of the legs. The ice to be applied p. r. n. as long as the pain in his head continues, and to have bromid. potass. grains xv every hour while awake. Continued treatment.

April 6th. Pupils normal. Fell asleep after taking three doses of the bromide. Tongue much coated; breath very offensive; pulse irregular and intermittent; no hyperæsthesia; senses perfect. Continued treatment.

April 7th. Had a chill this morning before visit, for which he had brandy p. r. n., and additional bedclothes. Is still suffering from the pain in his head, which he refers to the whole brain. Has less pain in spine; sight normal; pulse 66, irregular; extremities cold; some nervous twitching. Continued treatment.

April 9th. A slight improvement. Sleeps more, and the pain begins to abate. Night before last, patient was very violent, keeping the whole ward awake with his outcries, and constantly attempting to get out of bed. Since then he has been gradually improving. Continue treatment, and to have, in addition, "beef wine and iron," fl.℥j every hour.

April 11th. Pulse 60, full and strong, although an occasional irregularity still appears; sleeps most of the time; passed a comfortable night; tongue clean; breath not noticeably offensive; skin natural; expression of face natural and intelligent; appetite returning; extremities warm; no nervous twitching To have chicken broth and milk, with lime water, for his diet. Continued treatment.

April 21st. Up to this time patient has continued to improve, and the symptoms have gradually disappeared. To-day, for the first time since his entrance, the pulse is regular, and free from variations in rate, or intermissions.

April 28th. Examination by ophthalmoscope shows the fundus normal. Was declared well.

Case III.—April 8th. Betsy Cassiday, washerwoman, æt. 40 years, entered Boston City Hospital April 7th. Patient was comparatively well previous to two weeks ago, when she felt chilly. During the day, while washing, headache came on. She vomited, felt thirsty, and appetite failed. Was obliged to go to bed, where she has been almost all the time since, and at times not in her right mind. Bowels have been constipated, and she has experienced considerable pain in the back of her neck, and down the spine, as well as in the limbs, also severe pain in the head. At time of first visit in bed. Some headache and pain in back of neck; muscles seem somewhat rigid; skin about normal; tongue dry and brown in the middle; sordes on teeth and lips; breath foul; right wrist somewhat swollen and tender; some tenderness on deep pressure over abdomen. Says bowels have not been opened for two weeks. Was ordered a cathartic dose of pulverized glycirhiz. co. fl.℥iij.

April 9th. No change in symptoms; pulse one hundred and two; to have croton oil to nape of neck.

April 10th. Pulse one hundred and four;

no change in general condition. Have hospital fever mixture, one drachm every three hours.

April 11th. No change.

April 12th. Up to noon to-day was conscious, and spoke to friends; this evening the bed was found to be wet; the catheter was passed, and a moderate amount of urine drawn off; cannot be roused; muscles of the neck rigid, and head somewhat thrown back; cannot be made to swallow any nourishment; pupils respond to light; skin hot; pulse strong and full; to have beef tea enema.

April 13th. Catheter again used, and a quantity of high-colored, clear, ammoniacal urine drawn off; general condition about the same as yesterday; sinapisms to the calves of the legs, and ice to the head, were ordered.

April 16th. Up to this time patient has remained insensible; could not be roused; urine drawn by catheter is very dark in color; patient is perspiring freely; examination of urine shows specific gravity 1020; reaction acid; a few granular casts, but no albumen.

April 17th. Died; no autopsy could be had.

Case iv. April 10th. John Connolly, æt. 28, laborer, entered Boston City Hospital this A. M.; patient is a hard drinker; was well up to three weeks ago; has been feeling unwell since that time, having pain in bones and joints; poor appetite, etc. He kept on work till five days ago, when he was obliged to give up on account of pain in the back and in joints; has been very thirsty and feverish since then, and had no appetite; bowels were constipated, and a doctor gave him some medicine; has had considerable pain in head and back of neck. Now in bed; temperature $101\frac{4}{10}$; pulse 100; tongue quite thickly coated, but moist; bowels open; micturition free; complains of pain in back of neck, also in lumbar region; has no cough; is quite thirsty; no marked tenderness of abdomen.

April 11th. Pulse 80; face flushed; temperature 100. Have hospital fever mixture, one drachm every three hours, and a sinapism to back of neck.

April 12th. No material change; temperature 100; pulse 88.

April 13th. No material change; temperature 100; pulse 76; has been wandering in his sleep.

April 17th. For three days past has remained about the same, until to-day, when the pulse showed very decided intermission, although the rate was not increased; according to the report of the other patients, has slept well; he was, therefore, put on a treatment of croton oil to nape of neck; ergotine, one grain, and extract of belladonna, one-tenth grain, every three hours.

April 21. Since last record patient has continued without material change; senses perfect; has had no nausea, nor has he had a great desire for food; pulse 68, and to-day shows no irregularity nor intermission; slight pain across back of head; slept well during most of the night; continued treatment.

April 23. Pulse 53, somewhat irregular; says he is hungry. In addition to the nourishment he has been taking—a teacup of milk gruel and beef tea alternately every three hours—to have ʒij brandy every two hours. Continued other treatment.

April 24. Pulse regular. Doing well. Continued treatment.

April 26. Continues to improve. Is constipated. To have

℞.—Ol. ricini, fl.ʒj;
Glycerine, fl.ʒss. M.

May sit up half an hour.

April 28. Pulse 76, good.

May 1. Discharged, well.

Case v.—April 12. George Deery, æt. $6\frac{1}{2}$ years. At the age of 18 months had an attack of meningitis; since then, well. On the P. M. of 11th went with his father in his wagon to the market. While there, complained of feeling cold and sleepy. He was suddenly seized with headache after he came home, grew worse towards morning, and at about 11 A. M. had a slight spasm. Hands were, at first, quite stiff; now, 3 P. M., in bed, face flushed, headache across the brow and at the nuchæ, tongue well, pulse 128, thermometer 103°. Vomited this morning on first waking. Is somewhat out of his head when he first wakes. Inclines to sleep all the time. Have a leech on each temple, ice to head, and croton oil to nuchæ. Take $\frac{1}{4}$ gr. ergotine, and $\frac{1}{10}$ gr. ext. belladonna, once in four hours.

April 13. Fever fit lasted till after midnight. Since then till now (10 A. M.), much less. Vomited medicine. Pulse 136, tongue very well, eyesight not impaired, pupils mobile, wandering while asleep. Continued treatment.

April 14. Bad report. Semi-stupid all the time. Cheeks bright red, eyesight appears to be affected, wets the bed, out of his head most of the time, sleeps with his eyes half open and

pupils rolled up. Right hand and foot began to be cold about 2½ P. M., and in a short time the other side became cold also. Was made warm by jugs of hot water. Pulse 116, thermometer 104⅕°. Trouble in passing water; frequent desire and often, without passing any. During the night a slight tendency to draw the head back. None at visit. No petechiæ anywhere. Continued treatment.

April 15. No change in symptoms. Continue treatment, and have castoria, q. s. to produce evacuation of the bowels.

April 16. Took four teaspoonfuls of the castoria before it operated. All day yesterday more or less wandering. About 5 A. M. took a change; became rational. Pain in head gone. Expression of face perfectly natural. Continued treatment.

April 17. Continues to improve. Is playing with his toys, and says he has no pain. Pulse has not recovered its regularity. Continued treatment.

April 18. Patient was a little out of his head during the night. Suffers a good deal from the blister raised by the croton oil. Pulse 86. In the minute of counting, an intermission between 43, 44 and 47, 48.

April 19. No return of pain. Pulse still very irregular, and of the same peculiar character. Continued the medicine one-half as often.

April 20. With the exception that the pulse still persists in its irregularity—23, 20, 19, 21 beats in the corresponding quarters of the minute—patient is apparently well. Appetite has returned, and he is engaged at play as usual.

April 21. Pulse shows the same tendency to irregularity and occasional intermission, while the general condition is very satisfactory. Appetite as good as when in health. Sleeps well. Omit medicine.

April 22. Makes no complaint of any pain anywhere. Urinary functions and bowels well. Pulse 94 and 100, with two points of irregularity, about 30-40th beat, and two intermissions at 70th and 99th beat in the second minute. Discontinued attendance.

Case VI.—April 14. Patient, —— Morrison, is 21 years old; healthy; is an inveterate smoker. While cleaning out the furnace late in the evening, was suddenly seized with a severe sharp pain, commencing at the bridge of the nose, between the eyes, and extending in each direction outwardly to the temples. With this there was vertigo. Was called to him just before midnight. Found him in bed. Pulse 80. Tongue clean. Ordered him a purgative dose of

℞.—Podophyllin,		gr. j;
Jalap pulv.,		grs. iv;
Hyd. sub. mur.,		grs. iv.

April 15. Headache continues unabated. Cathartic has operated. Pulse 70, irregular. Skin rather warm. Thermometer 98$\frac{2}{10}$° Have two leeches at the temples. 1 grain ergotin and $\frac{1}{10}$ gr. ext. belladonna, once in three hours.

April 15, 8½ P. M. Pain in head continues. Pulse 64, irregular. No change in general condition from morning report.

April 16. Rather less pain than yesterday. Pulse same as yesterday. Tongue clean. Continued treatment.

April 16, P. M. Improves rapidly. Is quite free from pain. Pulse 62, and shows the same want of regularity as before recorded. Continued treatment.

April 17. Reports that the pain in his head had gone. Feels as well as ever he did. Pulse still irregular. To remain in bed and continue medicine one-half as often.

April 17, P. M. Continues to improve.

April 18. Continues to do well.

April 19. Continues to do well.

April 20. Convalescent.

Case VII.—April 17. —— Parker, æt. 37. Has four children; youngest 8 months; is nursing him. Left her home in Charleston yesterday, and while in the cars, coming to the city, felt a pain in her head along the line of the base of the brain. It did not become so severe as to prevent her from going out in the P. M; but to-day it has increased, and is accompanied by a feeling of sleepiness and great heaviness of the eyelids. Has had chills and nausea. Pulse 71, irregular and intermitting; about three beats in the minute. Slight diarrhœa. Have two leeches to each temple; croton oil to the nuchæ. 1 gr. ergotin and $\frac{1}{10}$ gr. ext. belladonna, every three hours. Ice to head, and a jug of hot water kept in the bed within reach of the feet, with directions to put the feet to it on the approach of a chill.

April 18. Leeches bled freely till 2 A. M. Slept quite well. Head feels somewhat relieved. Pulse 50; intermits occasionally. Thermometer 98$\frac{4}{10}$° Nursed her baby once. Has had no chill. Hearing and sight normal. Continued treatment.

April 19. Had a chill of a few minutes' duration in the night. Since then has been comfort-

able. Pulse 56; no intermissions. Tongue not coated. Thermometer $98\frac{4}{10}°$. Headache no worse; mostly at top of head.

April 19, P. M. No pain in head. Pulse 58. One intermission in two minutes.

April 20. Some headache over left eye and ear, which patient attributes to getting up with the baby three times in the night. Pulse 60, and regular through two minutes' counting. Senses perfect. Bowels constipated. Have

℞.—Ol. ricini, fl.℥i;
Glycerine, fl.℥ss;
Spts. sem. anisi, fl.℥i. M.
Ft. haust.

April 20, 6 P. M. Cathartic operated freely, and with great relief. Tongue clean. Has slept some during the day. No appetite. Is rather disgusted at the idea of food. Some nausea. Pulse 60, rather feeble. No headache. Continued treatment.

April 21. Reports herself entirely free from pain. Pulse 58, feeble. No appetite. Continued treatment.

April 21, P. M. Pulse 52, not strong. In no pain. Thermometer 98. Some slight desire for food. May have a piece of beef steak to chew, and a teaspoonful of brandy every two hours.

April 22. Reports feeling very well. Slept well. In no pain. Expression of face natural; color good. Pulse 61. Appetite improving. Thinks she has felt the good effect of the brandy.

April 22, P. M. Reports a very good day. Appetite continues good. Has eaten beef steaks and chicken broth with relish. Pulse 59, very intermittent; at least four times a minute, and quite feeble. Is in no pain whatever. Feels perfectly well. Double the dose of brandy, and reduce the ergotin and belladonna one-half.

April 23. Pulse 60. Thermometer $98\frac{2}{10}°$. Pulse stronger and with but two intermissions in the minute. No irregularity. Is quite hungry. Ate beefsteaks for her breakfast. Since last record has had no pain nor uneasiness, and feels every way as well as when she is in health. Twice, at 9 P. M. and at 5 A. M., had a fleeting attack of vertigo, which passed off in a few minutes. Omit ergotin and belladonna, but continue other regimen.

April 23, P. M. A good day. Feels her strength coming back. Pulse 59, and normal in its character. Continued brandy.

April 24. Reports a good night. Pulse 65.

April 25. Pulse 66, full and regular. Patient reports her condition to be as good as before her illness.

April 26. Convalescent.

Case VIII.—April 18. Charles Layman, æt. 19, stone cutter, entered Boston City Hospital, April 17th. Patient is a German, and cannot speak English. The following account was obtained through another patient who could interpret, but rather imperfectly. Patient has been in this country four weeks. About three days ago, in the afternoon, was taken with headache, and, as near as can be made out, has had some diarrhœa. Now in bed; temperature 102; pulse 104. Complains of pain in the back of his neck, which does not seem to be severe. Lies at ease in the bed. Have hospital fever mixture ℥j, every three hours.

April 19. Temperature $98\frac{6}{10}$; pulse 96. Still complains of pain in the head.

℞.—Ol. ricini, fl.℥j.

Croton oil to nape of neck, a leech to each temple, and ergotin, gr. j, ext. belladonna, gr. $\frac{1}{10}$, every three hours. Milk porridge and beef tea, a teacup of each, alternately, every three hours.

April 20. Pulse 69, irregular, but not intermittent. General condition about the same as at last record, but complains of pain in the spine, on a line with the spine of the scapula.

April 23. Pulse 64, irregular. In other respects condition same as at last record. Continued treatment.

April 25. Better in every respect. Pulse normal. May have his clothes and sit up.

April 28. Discharged, well.

Case IX.—April 19. Sarah Ryan, æt. 23, unmarried, entered Boston City Hospital this morning. Patient has led a very dissolute life, is in the habit of drinking a good deal, and has had repeated attacks of delirium tremens. Present illness dates from about a week ago, previous to which she had been on a "spree" for several days, and was ushered in by a severe headache, which lasted about two days. Kept about till the third day, when the pain became so bad in her head, the back of the neck, and down the spine, that she was obliged to go to bed. Vomiting came on. Had double vision for the past 48 hours.

April 19, 4.30 P. M. In bed. Pulse 116; temperature $103\frac{6}{10}$. Tongue pale and moist, lips red, bowels open day before yesterday. Severe pain in back of head and down the spine. Head very hot. Conjunctiva somewhat congested.

Catamenia have been present for two days. No appetite, and very thirsty. Patient was ordered (the ward mixture) one ounce of a solution of Epsom salts, eight leeches to the head, croton oil to back of the neck, sinapisms to calves of legs. The leech bites were allowed to bleed freely, and then ice was ordered to the head while the pain continued.

April 19, 10.30 P. M. Pulse 84. Pain in the head gone.

April 20, morning. Pulse 76. No pain in head. Temperature 99.

April 20, 11.30 A. M. Pulse 68, with a tendency to intermission, and very irregular. Special senses perfect. Extremities natural. To have

℞.—Ergotin, gr. j;
Ext. belladonna, gr. $\frac{1}{10}$;

every three hours.

April 21. Pulse 73, irregular, not intermittent. Complains of pain in back of head and neck. No nausea. Senses perfect.

April 21, P. M. Taken with a severe rigor, which lasted about 20 minutes. After this went off, pulse went up to 116, and she complained again of pain in back of head and spine. To have an ice bag to the head.

April 22. No pain. Reports that she is quite comfortable. Pulse 73, and irregular. Have brandy ʒj, every two hours.

April 23. Slept during the night, except when she was awakened by a troublesome short, dry cough. No pain in spine since last record, till within a short time previous to visit (11 A. M.), when it came on, and now occupies the whole cerebral portion, but none in cerebellum or spinal cord. Skin moist, with warm perspiration. Extremities warm, face rather flushed, tongue clean, senses unimpaired, urine high colored, bowels inclined to be constipated. Pulse 88, full and regular. Omit brandy. Renew ice to head, and continue treatment.

April 24. A few maculæ on face. Had a chill yesterday, just after visit, lasting nearly an hour. Pulse 68, irregular, and intermittent also.

April 25, 11 A. M. A chill coming on, pulse cannot be counted. Perfectly free from pain since last record. Ophthalmoscope shows outline of disc indistinct. Veins very full and prominent. Disc has a greater number of vessels than usual, otherwise normal.

April 26. Pulse 76, intermitting at 40th and 50th beat. Yesterday chill lasted 20 minutes, and the headache which followed it kept up till 6 P. M., quite severely. It gradually subsided, and, at 8 P. M., patient was free from pain. Slept through the night, with once waking. No nausea. Continued treatment.

April 27. Slept through the night well. No pain. Soon after waking (at 5 A. M.) a headache came on, which has continued up to time of visit, 11 A. M. At 9 A. M., had a severe chill, for which $\frac{2}{3}$ gr. morph. (Magendie's solution) was subcutaneously injected. Chill began to abate in the course of three minutes. Now (11 A. M.), eyes injected; is dizzy and suffering from stricture of the larynx, producing difficulty of respiration and a sense of suffocation. Pulse 120, regular. No appetite. No vomiting. There is lateral double vision. Body and extremities warm. Continued treatment.

April 28. Pulse 72; regular during three minutes. No pain in head or spine since last record. There is tenderness, on pressure, over upper third of dorsal and lower third of cervical vertebræ. Complains of a feeling of dullness, with a sense of pressure at upper part of brain, and has a dull look about the eyes. Tongue pale and moist, without coat; extremities warm, skin warm and moist, senses perfect, urinary functions and bowels well. Have head shaved at the crown and a blister 1½ inches square applied. Continued treatment.

April 29. Was comfortable yesterday after visit. Slept nearly all night, quietly. Was wakened this morning with pain in back and top of head. About 7 A. M. had a chill which lasted 20 minutes. Now (11 A. M.), pulse 120, full and strong, with no appreciable irregularity. Complains of pain over outer angle of right eye. Sight of left eye blurred, as by a cloud. Severe pain the whole length of the spine. Continued treatment.

April 30. Condition reported at yesterday's visit gradually subsided. Slept through the night, undisturbed by pain, till morning. Since waking has had no chill, nor anything but a slight uneasiness through the temples and a decided feeling of coldness along the spine, inducing a fear of another chill. Pulse 66, intermitting four times in a minute. The tendency to sweating still continues. Reports that her sight is much stronger than in the early part of the disease. Continued treatment.

May 1. Patient slept well during the night. Woke up this morning with slight pain through temples. At 8 A. M. a slight chill came on, which lasted two hours. Now (11 A. M.), in a profuse

perspiration. Countenance rather dull, as if from suffering. No pain in the back of the neck. Some between the eyes. Eyes still sensitive to light. Pulse 120; no irregularity. Had an attack of hiccough yesterday P. M., which has returned two or three times to-day. Continued treatment.

May 2. Slept well through the night. Slight return of hiccough this A. M., before visit. Now (11 A. M.), pulse 62, very irregular and intermittent. Continued treatment.

May 3. Had no pain after visit yesterday. Slept well through the night. On waking, about 5 o'clock this morning, felt cold, and continued so till about seven, when the chill began, and proved to be as severe as any she has had as yet. It lasted more than an hour, and was accompanied by pain in the temples, and at the top of the head. Senses not affected. No nausea, but a feeling of faintness. No lividity of extremities during the chill. Headache became worse after the chill passed off. The ice bag was applied, and the pain passed off in the course of an hour. Continue treatment, and have cider and water to drink.

May 6th. General condition has remained unchanged; to have quiniæ sulph., twelve grains, in divided doses, so that the whole should be taken six hours before expected chill.

May 7th. No chill this morning; omitted ergotine and belladonna, and the cider; continued quiniæ sulph. as ordered yesterday.

May 8th. Continued treatment; may have the cider again.

May 9th. Has had no return of the chills; appetite is coming back.

May 10th. Continued quinine.

May 11th. Continued quinine; no chill.

May 12th. Skin warm and natural; omit quinine, and have tinct. ferri perchlor., twenty drops, three times a day, after meals.

May 17th. Pulse 52; to have infus. sennæ, one ounce, every night until otherwise ordered.

May 19th. Discontinue R. of 17th; doing well; have spirits vini gallici, one ounce, to be taken during the day in three doses.

May 20th. Reduce brandy one half; improving.

May 21st. Pulse 60, and normal in every respect.

May 22d. An attack of diarrhœa with torminæ has come on; since last visit has had four liquid dejections.

R	Tr. kino	fl.℥ij	
	Acidi carbolici	gr.xx	
	Tr. opii camph.	fl.℥ss	
	Syr. aurantii cort.	fl.℥ij	M.

A teaspoonful p. r. n. after each dejection.

May 29th. Discharged, well.

Casl x. April 21st. ——Owens, aged 32, married. Four weeks since, after a drive, was seized with a chill so severe as to shake the bed on which she was lying, while at the same time her flesh was warm to the touch. This lasted an hour, and was followed by high fever. During the chill her hands were livid. This recurred about four times in the twenty-four hours, every other day, and after each chill came headache across the brow. Patient has no knowledge of having ever been exposed to malarial influences. A week after the first attack her legs began to swell from the feet to the knees, attended by a great deal of pain. Succeeding these, in about another week's time, her hands began to swell, her legs were drawn up, and a pain came on at the base of the brain, extending down the back to a level with the spine of the scapula. Last Friday, after a spell of bilious vomiting, became very yellow all over, and her urine turned very dark yellow, deep saffron color. Its quantity was normal; now, at visit, countenance yellow; hands cold and livid; feet cold; no appetite; is rather nauseated; tongue clean; has headache across the forehead; an aching pain, accompanied by burning sensation, which is worse at night; extends from occiput to a level with the spine of scapula; pulse 70; irregular in its beat, but with no intermission. Have one grain ergotine and one-tenth grain extract belladonna, every three hours, and to take at once—

R	Ol. ricini	fl.℥j	
	Glycerin	fl.℥ss	
	Spts. sem. anisi	fl.℥j	M.

Croton oil to back of neck, ice to head, and heat to feet.

April 22d. Slept about three hours, troubled sleep; pain has kept up with very short intervals till now (1 P. M.), mostly through the temples and down the spine as far as the level of the shoulders; describes the pain to be as if a saw was drawn up and down the spine. This pain extends from the neck to the temples, and ends at the top of the head. When the pain commences in the spine there is a tendency to throw the head back, and this partially relieves the pain; head is very much restricted in mo-

tion; cannot bend it forward; patient says it seems to her as if her backbone "had gone up into her brain;" countenance and surface of body very yellow; eyes slightly injected; cathartic operated freely; nausea less than yesterday; senses unimpaired; ears very sore to the touch; no fever since last record.

April 23. Slept quietly during the latter part of the night; pain in the head subsided before morning; now no pain at all, either in head or back; very yellow; urine as dark as blood and very copious; pain in both legs from knees down; tongue clean; skin warm; pulse 88; regular. Have one-fifth grain podophyllin every three hours; pain in legs is compared to unjointing them. Apply tinct. sap. and opii.

April 24th. Free from pain; countenance yellow; vomited some about 9½ o'clock this A. M.; has had one dejection; urine slightly less colored; slept very well; says the pain in her legs is a "cold, numb pain;" no appetite; food rather disgusting; pulse 72; very irregular, but not intermittent; tongue clean; no petechiæ; has had no chill. To wrap the lower extremities in flannel.

April 25th. Free from pain the whole of the last twenty-four hours; countenance yellow; calves of legs sore, but not in pain; tongue clean; no appetite; pulse 76, irregular; had two dejections this A. M.; was nauseated and vomited at 8½ P. M.

April 26th. Pulse 92; full, regular and strong; no chill; had severe headache from 5 P. M. till 4 A. M.; most about midnight; a throbbing, beating headache; says she felt more pain on left side than on the right side of head; has slight nausea nearly all the time, but relished a piece of beefsteak; tongue clean; skin very yellow; urine less so than a few days ago.

April 27th. Since last record has had no pain nor chills. Has a sharp, catching pain in left side. Cannot take a full breath. Eyes and face as yellow as can be, although urine begins to lose its high color. Continued treatment, and have a sinapism to seat of pain in side. Pulse 72, irregular but not intermitting.

April 28th. Pulse 75, regular. All pain and uneasiness connected with original trouble gone. Is suffering from erratic rheumatic pains. Omit ergot and belladonna.

April 30th. Convalescent from meningitis. Jaundiced condition remains.

℞. Podophyllin, gr. ij
Leptandrin, gr. xij
Sanguinarin, gr. vj
Caulophyllin, gr. xij. M.

Ft. pil. No. xii. Take one three times a day. Bathe region over liver with

℞. Acid hydrochlor.
Acid nitric.
Aquæ, āā fl.℥ss.

Sig. Mix one part with eight parts of water.

May 3d. Sallowness very much diminished. Has been dressed and about the room, but is very weak. Reports that the pills ordered on the 30th gave him great pain. Omit and have

℞. Caulophyllin,
Leptandrin, āā gr. ij
Sanguinarin, gr. j
Ext. cannab. ind., gr. ¼ M.

Ft. pil. Take one twice a day.

CASE XI.—April 24th. —— Garland. For three weeks has had headache, more or less, accompanied by a tired feeling. Two days since had seven chills, lasting the whole day. Could not get warm. With this came on loathing of food, great thirst, and increase of headache. Pain in head commences at the base of the brain behind, and extends to the temples and eyes. Eyesight is dimmed, and patient has felt dizzy and faint. Now, pulse 116, very irregular, both in rhythm and strength; face flushed; eyes suffused, and almost injected; loathes food; skin bathed in perspiration; bowels well; urinary function well as usual. Thermometer $102\frac{2}{10}$. Tongue coated, except at tip. Has pain at the back of the neck and across the shoulders. Says her eyes feel as if they were sunk back in her head, and it hurts her to open them. Have four leeches to nape of neck; one grain ergotine and $\frac{1}{10}$ grain ext. belladonna every three hours; croton oil to back of the neck; ice to head p. r. n., and heat to the feet.

April 25th. Leeches bled freely; had some troubled sleep till towards morning, when she became more quiet. Pulse 100, irregular, as at last record. Much less headache; skin moist; tongue looks as if it had been scalded; eyesight well, but eyes feel weak. Thermometer $100\frac{5}{10}$. No return of chills. Continued treatment.

April 25th, P. M. One attack of pain about 2½ P. M. Has a constant pain, sharp, through the temples, and the tendons of the neck are stiff, and it hurts her to lie on the pillow. Cannot get it in an easy position. Pulse 76, quite irregular. Reports that only two of the leeches

ordered last night were applied. Have two more to-night.

April 26th. Reports that last night was the most comfortable since the beginning of her illness three weeks ago. Headache is entirely gone, and the stiffness in the neck has nearly left. Pulse 82. For the first minute quite regular. A little retarding of the beats at the end of the third quarter. In the second minute the irregularity was very noticeable, and continued twenty seconds without interruption. One strong, full beat, and then for four or five pulsations an imperfect beat. As it might be in a clock whose pendulum swung back and forth without completing the tick. Was for a short time, yesterday, deaf in her left ear. Other senses perfect. No chills; no fever. Tongue same as yesterday. Appetite same. Continued treatment.

April 26th, P. M. Pulse 73, irregular, but not intermittent. No appetite. Stomach a little uneasy, but not really nauseated. Has vertigo when she attempts to rise; some pain in right temple; not constant; no chills; senses perfect; neck still sore and stiff. Continued treatment.

April 27th. Very little pain; stiffness of neck gone. Pulse 72, intermission between 40th and 45th beat. Appetite begins to return. Thinks herself decidedly on the mend.

April 28th. Pulse 74, almost regular. No pain in head or down the spine. Tongue clean. Continued treatment.

April 29th. Patient feels so well that, contrary to advice, she has dressed, and is trying to attend to her household duties.

(To be Continued)

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

SERVICE OF PROF. D. HAYES AGNEW, M. D.

REPORTED BY DE FOREST WILLARD, M. D.

Artificial Anus.

GENTLEMEN:—The man now before you presents himself with an opening in the right iliac region, just above the anterior superior-spinous process, from which constantly distills an offensive fæcal discharge. He states that he has been afflicted with this for ten years, and that it followed an abscess, but of the cause he is uncertain.

The cicatrix is quite extensive, but in its centre is what appears to be a mass of pouting granulations, in bulk about that of a chestnut, and in color a bright strawberry red. Upon closer examination this reveals itself as the mucous lining of the intestine, and appears to be a protrusion or button-like hernia of the posterior wall, the anterior having been entirely destroyed to an extent of one-half inch in diameter, while at the circumferential margin of the opening it has become adherent to the superimposed integument. This opening in the abdominal parietes will just admit a finger, and through it can be pressed back the protruding intestine.

The man suffers somewhat from pain, but what is more troublesome, is constantly compelled to be a loathsome object to himself, and all who come near him, in consequence of the offensive odor emitted from his person.

Existence, under such circumstances, often becomes almost intolerable, and the surgeon can confer no greater boon upon the sufferer than a restoration of the former condition of exit to his digestive canal. Fortunately these cases are rare, but when met with should receive most careful attention.

The most common cause of such an opening is the sloughing of a strangulated hernia, but it may be the result of a wound, or more rarely from obstruction of the bowel, or inflammatory abscess. Such an opening may take place at any point from the stomach to the rectum, but when the result of the slough of a hernia, is commonly connected with the small intestine. If the opening is high up in the jejunum, the most serious interference with digestion and absorption may occur.

Such an opening may be large and patulous, or so small and minute as only to permit the gentle oozing of but a little of the intestinal contents, in which latter case it is more properly called a fæcal fistula. Sometimes, and perhaps frequently when the opening follows a hernia, the two portions of the bowel lie alongside each other, and approach almost or quite to the skin, and in many cases a probe may be passed both into the upper and lower tubes. In some cases the orifice of the lower canal is concealed and covered by a pouting spur or mass of granulations, which prevents the easy entrance of the intestinal contents which have appeared at the other opening, and as a necessary consequence, the whole mass is discharged upon the surface. In the majority of cases, however, the two canals are sufficiently continuous to allow the passage of the major portion of the fæces to the normal exit. In many of these latter cases a cure may be anticipated, sometimes spontaneously, frequently by judicious treatment.

A good compress and a stiff truss will not only prevent the escape of the fæces, but may also induce a complete cure, especially if the edges are subjected to an occasional freshening by cauterization. Should this fail, however, an operation becomes advisable, since the most ingeniously contrived apparatus for the reception of the discharges cannot divest the patient from an unpleasant odor.

A closure may be effected when the opening is small, by paring the edges and bringing them together by harelip pins and sutures, but if the orifice is large, it is wiser to make a plastic operation by dissecting up a flap of skin from the surrounding parts, and, bringing it over the freshened opening as a valve, fasten it securely in position by sutures, and then apply compression.

Such a procedure is sometimes successful, when the opening is not too large, and when the intestinal tract is partially pervious.

In the worst cases, where all the fæces escape upon the integumentary surface, and the projecting spur is large, the continuity of the canal must be restored by cutting through this "6peron," or septum, of course taking care that the process be so slowly done that the inflammation developed shall fasten the cut edges to the surrounding structures. Such a sloughing process is best accomplished by Dupuytren's or some similar instrument. This instrument is constructed in the form of a large pair of forceps, the serrated blades of which can be approximated by a screw affixed to the handles. With such an instrument the sloughing process may be prolonged for a week or more, and all risks avoided. This septum having been destroyed, and the canal made continuous, the integumentary opening can be closed as above described. You will find that the spur or septum has sometimes so overlapped the lower opening of the bowel that the calibre has become contracted from want of use, and considerable difficulty may arise upon the resumption of the original route; in fact, after long years it might become obliterated.

The use of the enterotome is not unattended by danger of peritonitis, but Dupuytren, I think, reports only three deaths out of forty-one cases operated upon, and in twenty-nine cases the cure was perfect.

The septum, which has not inaptly been compared to the partition of a double-barreled gun, may also be divided by a ligature, as recommended by Physic and others.

When the artificial opening of the upper tube is of long standing, it may become so dilated as to permit of a great degree of prolapse of the mucous membrane, a condition which must be controlled by the use of compress and truss.

(The man being now etherized, the prolapse was reduced, the edges pared, and the dissected flaps from the abdomen brought over the freshened edges of the fistule, when they were securely sutured. Compresses were carefully applied, and the flaps supported.)

Nasal Catarrh.

This young woman has been annoyed for many years with a constant discharge from her nostrils. In quantity it is so profuse that the frequent use of a handkerchief is required to prevent it from interfering with respiration, but, whenever it is increased, as it frequently is under the effect of a cold or damp atmosphere, even this expedient will not suffice to keep the nares clear, and she is obliged to breathe partially through her mouth. In color the discharge is yellow; it is expelled in tough masses, more rarely in large dried flakes, which are sometimes so adherent to the mucous membrane as to be detached only with difficulty, and separation is occasionally followed by a flow of blood. During sleep this muco-purulent material gravitates into the pharynx, when, upon rising, it drops down, and has to be expelled either by coughing or a sudden expiratory effort. Its taste is nauseating and saltish, and although it was devoid of odor in the early stages of the disease, yet it is now becoming somewhat offensive.

She has, evidently, *nasal catarrh*, a disease which is becoming more and more frequent each year, and in some of the New England States it might be called almost a universal complaint, few escaping the malady either in its milder or severer forms. This great prevalence in the above mentioned region would indicate an atmospheric influence, and there are those who, having been previously affected with the disease, cannot even enter such atmosphere without a renewal of their symptoms in a few hours.

To those unaccustomed to this complaint it might seem a trivial affair, but I can assure you that it becomes a source of the greatest annoyance and inconvenience to its sufferers. In severe cases the obstruction to respiration is constant, and is accompanied by a peculiar unpleasant dryness of the mucous membrane. If the case is an old one the inflammation of the Schneiderian membrane extends from the nares to the lining investment of the frontal sinuses, and a constant dull pain or weight is experienced above and between the eyes, a sensation which has been described as though one were carrying a heavy stone in the skull. Occasionally the inflammation travels along the ductus ad nasum, the conjunctiva becomes reddened, and vision is frequently dimmed. Again, it may pass along the pharynx and traverse the Eustachian tube, thus setting up a catarrh of the middle ear, or it may extend into the maxillary sinus, or even downward, by continuity of structure, into the larynx, trachea, and bronchi. After several years the discharge assumes a purulent character, and occasionally renders the breath so offensive as to become of most serious importance to the sufferer, by its interference with certain occupations, as dentistry, etc. This odor never becomes as bad as in ozœna, but it is sometimes exceedingly disagreeable.

When a catarrh case consults you it has usually passed into a chronic condition, as in its first stages the patient considers that he has only a cold in the head and that it will soon disappear spontaneously. If now you will examine the nares you will find the mucous membrane red and inflamed, with small crusts adhering to its surface at various points. A rhinoscope will give you an excellent view of the posterior chambers, and will, in old cases, re-

veal the fact that the disease also implicates the pharynx, and that small ulcers are present.

In regard to its course, I would say that it does not tend to recovery, but rather continues on year after year, ameliorating at times, but relapsing at every fresh exposure to cold.

A change of climate is often of the utmost advantage, and will do more, in certain cases, than all the remedies which have been tried; in fact, it sometimes effects an almost immediate cure.

Medicines in great variety have been tried, and I assure you that you will find the malady one of the most intractable and disheartening which it will be your ill fortune to treat. When the patient is in good health local applications may be relied upon, and can be best applied to all the sinuosities of the cavity by means of the nasal douche (Thudichum's or other), an apparatus which, as you have perhaps seen, consists of a large jar or bottle, with a tube running from its base, to which is attached a nozzle intended to be introduced into the nostril of one side. The jar is filled with medicated liquid, placed above the patient's head, and the stop-cock turned, when the force of gravity causes a gentle current to flow into one nostril, which, if the head is held far forward, will penetrate all the cavities, pass behind the septum, and appear at the opposite opening. The liquid will not run down the throat, for as soon as it touches the back part of the soft palate a resistive spasm occurs, and the postrior nares are instantaneously closed. The operation is not unattended by danger, however, for the liquid may pass off into the frontal or maxillary sinuses, and by causing puffiness of the lining membrane, become confined, and cause great suffering. The greatest danger, however, is from its entering the Eustachian tubes, and making its way to the middle ear, where a strong solution may set up most violent inflammation.

An improvised douche may be made with a basin and a piece of elastic tubing. The basin containing the medicated liquid is placed above the head, as before. The tube being immersed in it, is thus filled, and one end is brought out and applied to the nose, when the syphon action will cause a sudden stream to flow. I have given a thorough trial to nearly all the alteratives, deodorizers, and astringents which have been used for local medication, but have come down to the belief that the chlorate of potassa is best adapted to a large number of cases. It is used in the strength of ʒj to the Oj. This should be employed twice or three times in the day, a pint or more of liquid being used at each application, its use being preceded by a thorough cleansing with the douche and salt water. It must be remembered that all such local remedies soon lose their effect, and must be either increased in strength or others substituted for them, for a period of one or two weeks. Next in usefulness to the chlorate of potassa is the permanganate, of variable strengths, then in order of merit follow, zinc sulph., plumb nit., arg. nit., acid carbol., acid tannic, tinct. iodin., and so on through the whole list. The strength of these solutions must be varied to suit the condition of the mucous membrane. Their use should be followed by a slight stinging pain, which should last but a few minutes; longer than this would show the solution too concentrated. Ordinary salt and water will cause a free flow of mucus, which is of use in loosening the crusts and preparing the membrane for the application of other medicines. If any ulcerations are visible from the anterior nares they may be touched with a 10 gr. sol. arg. nit. Whatever liquid is used should always be employed lukewarm.

When the congestion is great in the frontal sinuses, relief may be afforded by the constant application of very hot cloths. I have found also that this feeling of weight and discomfort in the forehead and eyes may be somewhat avoided by abstaining from bathing at all in cold water, ablutions being always performed with water of a temperature above 100° F.

In some very obstinate cases (all of them are obstinate) relief may be afforded by galvano-faradization, and I have cured two cases by this means which had resolutely defied all other measures.

Never promise a speedy cure, but impress upon your patients the necessity of a resolute continuance of the remedies, for a year. One frequent cause of failure is due to the fact that the remedies used do not come in contact with the diseased surface, a failure which is avoided by directing a quart of tepid salt water (ʒj to Oj), to be used just previous to its application. Carbonate or phosphate of soda may be used, of the same strength. In cases where ulceration is suspected, or where the disease is chronic, never neglect to make a complete and thorough examination of both anterior and posterior nares, with a bright light or the rhinoscope.

When the discharge is very fetid, it is due to some special cause other than simple chronic inflammation of the lining membrane, and a careful search should be made for diseased bone, adventitious growths, rhinoliths, foreign bodies, or other exciting cause. Such a discovered cause, removed, would, of course, greatly assist in a cure. In scrofulous cases the fault is frequently constitutional, and should be met by cod liver oil, iron, iodine, etc., while the fetor arising from the long retained and decomposing secretions is allayed by frequent syringings or douchings with carbolic acid, permanganate of potassa, chlorinated soda, sulpho-carbolate of zinc, etc., all properly diluted and used three, four, or more times in the day.

When the bones are diseased we have the worst form of *ozœna*, a disease which is even more offensive and troublesome than the severest cases of catarrh.

(The woman was put upon the use of potas. chlor. ʒj to Oj ter die, and returned in three weeks feeling much more comfortable. Its use was ordered to be continued for several months, nitrate of lead being substituted in its place every fourth week. De F. W.

Editorial Department.

Periscope.

The Treatment of Cerebral Hemorrhage.

Dr. J. Crichton Browne gives the following directions in the *Medical Press and Circular*. He says:—

As soon as the attack comes on, my advice is, lay the head low, nearly on a level with the body, in that position which is always assumed when it is desired to induce the cerebral anæmia of sleep, and give an injection of ergotin under the skin of the arm. Contraction of the vessels and occlusion of the open orifices may thus be secured. Of course, nothing can be more difficult than fairly to estimate the effect of treatment upon a hemorrhage on the brain; but I think, and the impression must go for what it is worth, that I have once or twice stopped the extension of a clot, and so prolonged life, by the timely administration of ergotin. I think also that I have seen turpentine beneficial when given immediately after an apoplectic stroke. It is scarcely necessary to say that turpentine must be avoided when the kidneys are diseased. Mustard to the calves of the legs and feet—an old remedy in apoplexy much extolled and much ridiculed—has seemed to me not unproductive of good. Again and again has decided rousing followed upon a resort to this application, which in all probability operates not so much as a derivative as a powerful reflex stimulant, inducing contraction in the cerebral arteries through stimulation of sensory nerves.

Croton oil has long enjoyed a reputation as a valuable medicine in apoplexy, and facts might be adduced to show that its reputation has not been altogether undeserved. The rapidity with which it unloads the bowels, the copious watery evacuations which it secures, and the abdominal hyperæmia which it probably induces, are all ways and means by which it might favorably influence a hemorrhage taking place in the brain.

Bleeding cannot be expected to be beneficial when a clot is forming or has been formed. Trousseau has argued that under such circumstances it does positive harm, and has adduced cases which go far to establish his position.

If swallowing is very difficult, and is accompanied by choking, it will be advisable to pass the œsophageal tube three or four times in the twenty-four hours, and so introduce into the stomach, milk, beef tea, and concentrated food. There is really no risk whatever in this operation, even in an apoplectic patient, when it is skillfully performed. Whenever it is requisite to use the œsophageal tube, nutrient enemata should be at the same time administered. The bladder should receive careful attention, as it is apt to become distended and cause mischief. The decubitus is also worthy of consideration. Whenever a clot of any size exists on the brain there is a tendency to a low type of pneumonia, or to œdema of the lungs, the incursion of which is much favored by that hypostatic congestion which occurs in the lower lobes of the lungs when a patient continues lying upon the back for a prolonged period. By having the patient turned upon his or her side at stated intervals this imminent danger may be averted.

A day or two after the formation of a non-fatal clot a state of reaction is established. An inflammatory fringe surrounds the clot, and the pulse and temperature rise. This condition can only be combated by quietude and full doses of bromide and iodide of potassium. Sometimes alcohol is requisite, and I have given it under such circumstances, even in large quantities, without detriment. When the reaction has subsided the same medicines may be continued, often with signal benefit. The bromide of potassium, acting as a sedative, soothes any cerebral irritation, and the iodide, in a way which is not understood, helps towards the contraction of the clot. Arnica also has been employed in America to induce the absorption of intra-cranial clots, its valuable property of promoting the removal of subcutaneous extravasations when applied externally having doubtless suggested its internal use under such circumstances. All that I can say of it is, that in three cases of cerebral hemorrhage in which I prescribed drachm doses of the tincture of arnica three times a day, very steady progress was made, and a very satisfactory quota of power was regained.

Carbolic Acid in Carbuncle.

Mr. Peter Eade describes a case of carbuncle treated by carbolic acid, in the *Lancet*. He says:—Into the centre of the two holes which had formed I pressed with a probe some threads of lint soaked in a strong solution of carbolic acid in oil (one part to four), and I also laid a piece of lint wet with the same over their apertures, so as to supplement the small quantity which the shallow sinuses would contain. A little smarting was complained of, but the application was repeated after a few hours, and again the following day. Almost at the end of twenty-four hours it could be perceived that a check had taken place in the morbid process, but by the next day it was plainly evident that the inflammation and induration were really beginning to subside. The carbolized lint was still carefully and scrupulously thrust to the very bottom of the small holes, and from this time no further spread of the disease took place, but, on the contrary, there was a rapid subsidence of the œdema, and in two or three days more, little remained but some diffused swelling of the lower lip, some tender induration at and around

the seat of the original pimple, and the ragged discharging opening which had formed at the site of the primary festers. The disease was therefore stayed, and in a few days more the patient was convalescent. I have now used carbolic acid in this way in several cases of carbuncle; and in all of them its application has been followed by a uniform and immediate check to its increase, and a speedy amelioration of the local conditions. When it has been applied early, it has plainly gone far to abort the disease; and when it has been commenced later, wherever it could be brought into contact with the inflamed and hardened tissue, there at least no further spreading has taken place, whilst swelling and tension have diminished, and dirty suppurating slough has quickly given place to florid healthy granulation. And from my observation of its action, I entertain no doubt that, if it could be brought sufficiently early into contact with the spreading disease, it would be quite competent to prevent its extension beyond the degree to which it had already advanced. Unfortunately, the acid appears to have little or no influence when applied over the unbroken skin; but directly it can be brought into contact with the diseased mass, either by being inserted into the sieve-like holes, or by being applied to it after being laid open by incision, its beneficial action becomes at once manifest.

Case of Demoniacal Possession.

The *Journal of Mental Science* says:—

At a meeting at Leipzig, Dr. Meschede gave a very curious case of demoniacal possession. The patient was a man about 47 years of age. He believed himself possessed of two spirits, one of whom spoke Polish, the other German. Between the two they made such a noise that he felt quite bewildered. Generally he heard the voices in his head, but sometimes they seemed to come from the neck, chest, or abdomen. He said he had two spirits, who had their abode in his head, and who controlled his thoughts and influenced his will. Sometimes he struggled against them, but generally he had no power to resist them. One was the spirit of his father; the other of a man whom he named. They abused one another, and suggested bad and shameful thoughts to his mind. Sometimes, in despair and full of rage, he would hold his clenched hand before his eyes and cry out, "Accursed spirit in my brain, I know I cannot get rid of you; but you will perish with me." This unfortunate man died of a perforating ulcer of the duodenum, and there was found in his head four cysticerci, which had hollowed out the surface of the bone at the sella turcica, and were partly covered by the chiasma of the optic nerve.

One of these cysts contained a still living, another a calcified, scolex of the tænia solium. A calcified cyst was also found in one ventricle. The arteries of the base of the brain were atheromatous, and there were some alterations of the right olivary body.

The author is disposed to refer many of the symptoms to the presence of the living parasite under the commissure of the optic nerves. The patient had described the visions and representations which forced themselves into his mind in the following manner:—"Strange thoughts and images of all sorts crowded themselves into his consciousness, destroying the quiet flow of his thoughts. Scarcely had he begun to think when other representations and thoughts mixed themselves with those which he had already in his mind, accompanied by corresponding images upon the field of vision which moved before his eyes, generally appearing to cross from right to left or from left to right. The words spoken by the spirits seemed to come sometimes from one side and sometimes from another."

On Heart-ache.

In a late article Dr. Arndt treats of the sensations which accompany great mental distress; the most frequent of these is, as every one knows, a feeling of soreness about the heart.

When this feeling is very powerful, it occasions symptoms which cannot be separated from those of angina pectoris. Every time one feels heart sore he has a slight angina pectoris. The abnormal rhythm of the heart following on great mental distress is communicated to consciousness through an abnormal excitability of the nerves of that organ.

Dr. Arndt would treat the feeling of misery so common in asylums, and which is accompanied by pain about the region of the heart, in the same manner as he would treat angina pectoris. For this purpose he recommends the anti-spasmodics and the galvanization of the pneumogastric and other nerves which regulate the heart's action, as well as quinine and digitalis, which act directly upon the nerves of the heart. Opium he has found of little use, and often the cause of much harm.

Action of Purgatives.

The *Doctor* says that M. Vulpian has completed some new experiments which confirm the results of MM. Legros and Onimus (*Récherches Expérimentales sur les Mouvements de l' Intestin*), as well as others obtained by M. Benoit, and reported by him in the *Courier Médical*. Vulpian concludes that sulphate of magnesia and other saline purgatives produce a real intestinal catarrh, by which large quantities of liquid are made to transude into the canal, though a portion is absorbed and removed by the kidney. For this reason these substances are contra-indicated in the vesical catarrh of the aged, or in phosphatic gravel, which they would augment. Salines do not increase peristaltic action, but jalap, according to these experiments, did increase this movement, as well as produce intestinal catarrh, chiefly of the larger bowel. Here, then, a distinction is furnished between these purgatives.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The most magnificent atlas of venereal diseases yet published is that by Dr. M. Kaposi, the first fasciculus of which has now appeared, and may be had from E. Steiger, 22 Frankfort street, N. Y., for fifteen dollars currency. It contains twenty natural-sized chromo-lithographs, colored faithfully, fully equal to those of Hebra's Atlas of Skin diseases, with an accompanying text in German. There will be three fasciculi and seventy-five plates. The title of the work is, "Die Syphilis der Haut und der angrenzenden Schleimhäute."

——The Sixteenth Annual Report of the Trustees of the Massachusetts General Hospital contains, besides the usual statistics, a woodcut and description of the two new isolated wards which were added to the hospital last year. They would appear to be as near the perfection of hospital construction as has yet been reached.

——The Tenth Annual Report of the Alumni Association of the Philadelphia College of Pharmacy contains an able introductory address, by Professor John M. Maisch, a clear and well written sketch of the history of the College, by Mr. Wm. C. Bakes, and a most appropriate eulogy on the late Professor William Procter, Jr., by Mr. Joseph P. Remington.

BOOK NOTICES.

Treatment of Nervous and Rheumatic Affections by Static Electricity. By Dr. A. Arthius. Translated from the French by J. N. Etheridge, M. D., Professor of General Therapeutics in Rush Medical College, Chicago. Chicago, W. B. Keen, Cooke & Co., 1874. 1 vol., 12mo, pp. 144.

Since the revival of electro-therapeutics by Dr. Duchenne, of Boulogne, now nigh twenty years ago, the induced current and the various forms of dynamic electricity have been almost exclusively employed. In the latter part of the last century, and the early years of the present one, electricity was also used in medicine extensively, and especially the static variety. In the volume before us Dr. Arthius intends to rescue this from the undeserved neglect into which it has fallen. He claims to have succeeded frequently with it in cases where the more modern forms of electrical treatment had quite failed. He, of course, improves much on the plans and instruments of three-fourths of a century ago. As one of the advantages of static electricity, he claims that it cannot be dangerous, and "when it is not curative it is beneficial." His plan is to generate it by friction on a revolving disk of glass, insulate the patient, and thus apply the current to any part of the system. That he is most sanguine (too sanguine?) of the value of his method may be illustrated by an extract from the last page of the book, where, speaking of the hectic fever in phthisis, he says, "We have always seen this fever disappear after twelve or fifteen sittings, never to return" (!!). The work is on handsome tinted paper, with a number of well printed illustrations.

Conjugal Sins Against the Laws of Life and Health, and their Effects upon the Father, Mother, and Child. By Augustus K. Gardner, A. M., M. D. Revised Edition. New York, G. J. Moulton, 1874.

A work on a vital subject, composed in that false and sensational style which does no good, which excites curiosity and not love of knowledge, and contributes to the tastes of the indelicate without really impressing upon them those salutary warnings of which they stand in need; not a book, therefore, which we care to be instrumental in selling.

Ligation of Arteries. An Operative Manual. By Dr. L. H. Farabeuf. Translated by John D. Jackson, M. D., of Danville, Ky., with engravings. Philadelphia, J. B. Lippincott & Co., 1874. 1 vol., 12mo, cloth. pp. 157.

So far as we know, this is the only manual in the language occupied with practical directions for locating, exposing and ligating arteries. It is exceedingly well written, clear, terse, complete, and admirably illustrated. No branch of surgery should be more familiar to both physician and surgeon, and nowhere can one find a better guide than this manual. The translation is uncommonly well done, and it is a convincing proof that liberal medical culture exists outside of the precincts of medical colleges.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 16, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

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☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

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OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

THE OPEN TREATMENT OF WOUNDS.

A very remarkable study of surgical cases in the hospital at Zürich has lately been published by Dr. KROENLEIN, illustrating the new so-called "open" treatment of wounds advocated by Professor Rose. He compares two periods of several years each, during the first of which the wounds, amputations, etc., were treated by bandaging, etc., in the ordinary way.

The results of the two series were, as regards mortality per cent., as follows:—

	First Period.	*Second Period.*
Thigh	86·1	35·7
Leg	58·3	18·1
Foot	35·2	20 0
Upper arm	55·5	14·0
Forearm	16·6	0·0
Hand	0·0	0 0

Critical researches by the author show that this remarkable result was due neither to the age and sex of the patients, nor to the method of amputation, but solely to the after-treatment.

The surgical division of the hospital at Zürich has not undergone any essential change during the whole of the two above mentioned periods. If anything, the number of severe cases has increased every year, so that overcrowding has frequently occurred, and on that account the conditions for the healing of wounds have annually become rather less favorable. The principal maxims followed by Professor Rose (the present director of the clinic) in the treatment of wounds, are to secure absolute rest after careful arrest of bleeding, and to provide for perfect freedom of discharge and scrupulous cleanliness. Another principle is to interfere with the healing process of wounds only when special indications are afforded, and to consider stitches and bandages of all kinds as interferences to be so avoided. The air to which the wounds are freely exposed in the open treatment must, of course, be pure, and the system accordingly includes the use of energetic ventilation. In the hospital at Zürich, the ventilation is obtained only by constant opening of the doors and windows, a proceeding which, it is true, renders the heating arrangements often insufficient in winter.

The advantages claimed for this "open" method are:—

1. There is no pressure or constriction by dressings.
2. An irritation of the wounds by changing the position, and external applications, is avoided.
3. There is no danger of infecting the wounds by impure articles.
4. The danger of retention of matter is small.
5. The state of the wounds may be controlled at any time by simply lifting the coverlets.
6. As healing by the first intention is given up, as many ligatures may be applied as are desirable, and thus secondary hemorrhage may be better avoided.
7. The air of the wards is not infected by emanations from the dressings, as is the case in other methods, except Lister's.
8. There is less need of material for dressings, therefore less expense.

Naturally these statistics have excited much attention among surgeons, and corroborative evidence is not wanting to support Professor Rose's views. Mr. Richard Davy, F. R. C. S., writes to the London *Medical Times and Gazette* that the open treatment of wounds has been practiced amongst his surgical cases for the last five years; the results arrived at have been gratifying, and his firm conviction is that all so-called dressings, to the majority of wounds, are not only needless but injurious.

Amputations, resections, wounds for removal of tumors, injuries, etc., are exposed freely to the atmosphere of the ward. The exceptional cases that receive dressings are burns, scalds, and subcutaneous operations.

The treatment that the wounds are subjected to consists in their adjustment by metallic suture; the atmosphere surrounding the bed is attended to, as to purity and temperature; the surface of the sore is occasionally cleansed by an aqueous spray (the most delicate brush, that destroys itself by usage) and the margins are gently freshened up by a small hog's bristle brush (a separate one for each patient), dipped into clean tepid water.

This it will be seen is largely the reverse of Lister's method by impervious carbolized dressings, and seems to answer better than that much discussed plan. As in the direction of absolute simplicity, it is welcome, and deserves close consideration from intelligent surgeons.

The English surgeons who have tried the open treatment report favorably, although the remark is made that it is impossible to disregard a serious objection which at once suggests itself, and the importance of which was exemplified in two of the subjoined cases, namely, the danger of intermediary and secondary hemorrhage from the want of sufficient support to the divided vessels of the wound. There can be no doubt that strappings and bandages afford considerable support to the vessels undergoing the processes of repair, and thereby materially lessen the chances of hemorrhage. Whether the absence of the support to the flaps of the wound and to the vessels will prove an insuperable objection to the open treatment of wounds remains to be shown by future experience. Otherwise the plan is worthy of adoption from its simplicity and its cleanliness.

THE ADVANCE OF THE CHOLERA.

The cholera, which, throughout the winter months, maintained its hold at Munich, and along the lower Danube, is reported as creeping northward and westward among the villages of lower Silesia and Bohemia. It is also stated in several of our Italian contemporaries that a good many cases have lately occurred in the towns and villages along the Corniche Pass. There is therefore great danger that the disease may be distributed from the several winter resorts scattered along that beautiful coast, for this pass is between Nice and Genoa, on what is called the Riviera, and along a much traveled route. The probabilities strongly are, therefore, that there will be a general diffusion of the disease over the European, and perhaps the American continent this year.

The official report of Dr. Hirsch, just published by the German Government, on the appearance and march of the cholera in the Prussian provinces of Posen and Prussia in 1873, sup-

ports the conclusions established by British and Indian observers, that the cholera is carried along the lines of human communication. The experience of late years has proved that the disease is imported almost regularly by the barks on the Vistula, the wood-rafts, and the cargoes of wheat. The author shows by a series of carefully investigated facts, that the cholera advanced into Posen and Prussia along the course which the wood-trains pursue, and followed in their track. He dwells upon the necessity of public hygiene.

The *Government Messenger*, a Russian paper, announces that the cabinet of St. Petersburg has proposed that a new international sanitary conference, for the revision of the measures hitherto taken to prevent the spread of cholera, should be assembled at Vienna, and that nearly all the European powers will send representatives to the conference.

Notes and Comments.

Therapeutic Notes.

TREATMENT OF TRICHIASIS.

Dr. A. Robertson recommends the treatment of Dr. Snellen, first mentioned by Celsus, in which the misplaced hair is caught in the bight of a very fine loop of ligature, and pulled through a tunnel in the skin of the lid. He had performed this operation in twelve cases, and in all except one (the first) with success. He first had failed because his ligature was too coarse, and he had attempted to ensnare too many hairs at once. This operation was useful in cases where the misplaced hairs were few and large.

TO ADMINISTER RAW MEATS.

This popular remedy, with many physicians, is often taken unwillingly by patients. M. Yvon recommends the following preparation, in the *Repertoire de Pharmacie.*

Raw meat	250	grammes
Sweet almonds	75	"
Bitter "	5	"
White sugar	80	"

The almonds are blanched, and the whole beaten up in a marble mortar until a rose-colored homogeneous paste is obtained. This is said to be of very pleasant flavor and readily taken by sick persons. It may easily be made into an emulsion with water, which will not unmix for twenty-four hours: the emulsion can be made still more nourishing by the addition of the yolks of two eggs, and by being made up with milk instead of with water.

For ourselves, we have found the plan recommended in Trousseau's *Clinical Medicine* (vol. II, p. 450), very palatable; also the favorite German dish, *bifstek à la Tartare*, much patronized by *gourmets*.

TREATMENT OF DEAFNESS.

Mr. J. Farrar writes to the *Lancet*:—

Allow me to add my testimony to the efficacy of the chloride of ammonium in some kinds of functional deafness. I lately tried it in a case which had resisted all manner of treatment for eight or nine months, the patient being as deaf as any one could be. I had only given four or six ten-grain doses when the sense returned in the most perfect manner, and still continues perfect. I had previously tried so many methods, including a galvanic chain, that I really had little hope for anything. I send you this case for the benefit of others who may have a similar one.

I may add that a patient of mine who is liable to attacks of deafness, *perfect* deafness, is always relieved by a mixture of bicarbonate of sodium, hydrocyanic acid, and bismuth, and this case is *not* benefited by the chloride of ammonium, nor by any other drug or mixture except the one just named.

PHOSPHORUS AS A CURE FOR CATARACT.

Dr. Combas gives a case of a girl, æt. twenty-four, of nervous, lymphatic temperament, suffering from a capsulo-lenticular cataract, hardly able to discern light from darkness; suffered frequent headaches. Two or three drops of phosphorized oil were dropped into the eye daily, and frictions of the same used over the forehead. After four months of this treatment, which was used perseveringly, the eye improved, colors could be distinguished, and the opacity of the lens so far diminished that it could not be discerned at a distance of two or three paces.

THE WINTER CHERRY IN GOUT.

Dr. Gardner recommends the use of this common plant in gout, and also as a diuretic. He says in some cases where he has tried it he finds it "deserves its ancient reputation."

A Standard Temperance Prize Essay.

The National Temperance Convention propose a prize for a temperance essay. The committee have decided to divide the work into three parts, and to offer two prizes for each of the three essays, to be open to all writers who choose to compete therefor, in this and other countries:—

1. The scientific; embracing the chemical, physiological, and medical aspects.

2 The historical, statistical, economical, and political.

3. The social, educational, and religious.

For the best essay on the first or scientific part, adjudged satisfactory, the sum of five hundred dollars will be paid; for the second best essay, the sum of three hundred dollars will be paid. Accepted manuscripts to become the property of the National Temperance Society.

Among the topics which the Committee suggest that the scientific essay should include are:—

1. What is alcohol? Is it a poison? Is it a food?

2. What becomes of alcohol when taken into the human system?

3. What is the physiological action of alcohol on the living organism? Does it increase or impart force? What proofs can be given of either action?

4. What are the consequences of the use of alcohol on the integrity of the system and the duration of life?

5. What effects has its use on progeny?

6. Is alcohol a medicine? if so, in what diseases and form is it beneficial?

The offers for the scientific essay will remain open to all competitors till January 1, 1875. Manuscripts (with the names and addresses of the writers by whom they are forwarded for competition enclosed in separate, sealed envelopes, not to be opened till after the award has been made), should be forwarded to A. M. Powell, 58 Reade street, New York.

The essay should be of such a character that, while adapted in style to interest a non-professional reader, it will meet the demands of scholarly criticism. The treatise that best covers the ground in the least compass is desirable. It should not extend beyond three hundred pages of print, medium size octavo.

The Committee have also under consideration the second and third parts of the general work, and hope, at an early day, to be able to announce the prize offers for them. To this end, and that the complete standard work may be obtained as speedily as possible, they appeal earnestly to the friends of temperance to promptly supply them with funds. Contributions may be sent to Job H. Jackson (Treasurer), West Grove, Chester county, Pa., or to J. N. Stearns, Publishing Agent of the National Temperance Society, 58 Reade street, New York.

Another Surviving Camp Follower of the Revolution.

Dr. A. A. Davidson, of Milan, Tennessee, writes us:—Seeing an account of Wm. Ross, of Indiana, whom you term "the last camp follower of the Revolution," induces me to write the following: There lives, near Milan, Gibson county, Tennessee, Fortune Snow (colored), who is in his one hundred and twenty-fifth year. He served in the Revolution as waiter, under Captain Snow, General Marion's command, and fought in almost every battle. About forty years ago he lost his sight and hair, and was blind two years, but now has regained his sight, so as to be able to shoot game without glasses. His hair has grown, and is about half gray. He has good health and can read ordinary print without the aid of glasses. He says he was never sick a day in his life. Any one wishing to see this old specimen of humanity can do so by coming to Milan, and I will take pleasure in going with them to see him.

Correspondence.

Medical Matters in Canada.

Ed. Med. and Surg. Reporter:—

The chief topic of interest in this part of the Dominion of Canada, so far as the medical profession is concerned, is the closing exercises of the winter session of our medical schools, during the last days of March and first week of April. Dr. George Ross, M. A., M. D., professor of clinical medicine, on behalf of the medical faculty of McGill University, Montreal, delivered the customary valedictory address at the annual convocation of the graduates in medicine and surgery, on Monday, March 30th. The graduates of Queen University, Kingston, Ontario, were addressed in somewhat the same style before they took their departure from their alma mater, to commence the arduous and responsible duties of their calling. About the same time Dr. Hodder, dean of the faculty of medicine of Trinity College, Toronto, discharged a similar duty before dismissing the graduates of this

young but exceedingly prosperous medical school. The Toronto School of Medicine and the Victoria University Medical School, long established in this city, held their examinations; but although the successful students are initiated into the secret of the result, the necessary and essential degree of M. D. or M. B., as the case may be, is not conferred until the annual convocation of the universities which they respectfully represent. The convocation exercises of the University of Toronto, with which the Toronto School of Medicine is affiliated, do not take place until Tuesday, the 9th of June next, and that of Victoria University takes place in the college building, at Coburg county, Northumberland, during the first week of the ensuing month, (May). The medical school in connection with Bishop's College, Lennoxville, province of Quebec, and the well known, long established medical school of Laval University, city of Quebec, with which the somewhat famous Dr. Marsden is connected, have not published the result of their labors, or if they have it is unknown to your correspondent. There is another medical school in Montreal, established in 1867, in affiliation with the Victoria University, of Coburg, Ontario, which is devoted almost entirely to the French speaking element of our population. This school, under the able faculty presided over by Dr. Trudell, dean, and H. Peltier, M. D., of Edinburgh, secretary to the faculty, has annually trained quite a large number of students, and gained a creditable notoriety in the medical world. The graduates of this last named school of medicine assemble with the graduates of the Toronto branch, at Coburg, Victoria University, to receive their diplomas, at the convocation in May. You cannot fail to perceive that this part of the Dominion of Canada is well supplied with medical schools, and when two or three others in operation in the maritime provinces of Nova Scotia, New Brunswick, and Prince Edward Island are included you will conclude that the Dominion of Canada, with a population not much over four millions of souls, is well supplied with facilities for the training of aspirants for the medical and surgical profession. Your medical readers are likely to ask whether the quality or quantity of medical knowledge imparted in all these schools is on a par with the instruction and training of the teaching bodies in the United States and Europe or not. Of course it is not an easy matter to answer this question, but it is satisfactory to know that the graduates of all the colleges named above compare favorably with the students of medicine and surgery in England and the graduates of other countries, before the examining board of the Royal College of Physicians and Surgeons, England. From this it may reasonably be inferred that the quality of instruction imparted in our medical schools of Canada is fully up to the mark of other teaching bodies in Europe and the United States.

While on this subject it may be interesting to your medical readers to learn something of the progress of medical study in Canada, and the means resorted to for the purpose of establishing uniformity in the qualifications of graduates. Anterior to the year 1867 considerable rivalry existed between the various teaching bodies in Ontario and Quebec (then called upper and lower Canada). At that time there were several boards of medical examiners, with headquarters at Toronto, Montreal, and Quebec. Any student of medicine and surgery who could produce evidence of having studied in any medical school for three sessions of six months' duration, could apply to these boards for examination. If they passed the examination the board granted a certificate, which was forwarded to the Governor General at the seat of government, and a license to practice physic, surgery, and midwifery was forthwith issued to the applicant. The examining boards were appointed by the government of the day, and when vacancies occurred it often happened that the examiners were selected rather on political grounds than on the merits of the individual. From this circumstance it is not to be wondered at that many of the old practitioners in Canada who obtained the Governor General's license had little difficulty in passing the examining boards; indeed, the abuse of the system led finally to the abolishment of these boards, and ultimately an act of parliament inaugurating a new system was obtained, which has worked a complete revolution in our medical educational system. Then, too, the rivalry existing between the medical schools had the effect of creating laxity on the part of the several faculties, which sought rather to get notoriety by the number of students who graduated from this or that particular university than to run the risk of being unpopular by adhering to the strict letter of medical and surgical attainments.

In addition to these evils, another not less mischievous was taking root in Canada. That was the gradual introduction of quackery and charlatanism, under the guise of half-educated homœopaths, eclectics, and every other pathy known to almost every civilized and uncivilized country in the world. Boards of Examiners were authorized by law to grant certificates, through which the Governor General's license was obtained, and, as a natural sequence, the country was threatened with a regular army of unqualified, ignorant quacks. The general public, as well as the educated medical profession, took the alarm, and as soon as the Confederation of all the provinces was proclaimed (this took place on the 1st of July, 1867), and the Queen's Proclamation created the Dominion of Canada, by which each of the Provinces secured the right of self-government, so far as local matters were concerned (including educational, local improvements, and such like), immediate steps were taken in Ontario to secure an act of Parliament which would raise the standard of medical education. An act was obtained; and this act was so wide in its operation that homœopaths, eclectics, and allopaths, so called, were obliged to conform to its provisions before they could obtain a legal standing in Ontario. A

medical council was brought into existence, under the name and title of the College of Physicians and Surgeons of Ontario. This council was composed of one representative from each of the Electoral Divisions of the Province, selected by a majority of the votes of the legal medical practitioners in each Electoral Division. Each teaching body was authorized to send one representative to the medical council, including, of course, the Homœopathic and Eclectic Examining Boards, then in full blast in this Province. There are twelve Electoral Divisions, represented by twelve medical practitioners; eight Colleges, represented by eight professors; and, by the amended act, the homœopathic and eclectic bodies were represented by five from each, making in all a medical council composed of twenty-nine representatives. The council at its first session, as empowered by the amended act of Parliament, nominated an Examining Board composed of medical practitioners throughout Ontario not members of the council. This Board of Examiners prepared the questions and conducted the examination of candidates who had already passed the examination before the faculty of whatever medical school they had pursued their studies at previously. Thus all the candidates of all the medical schools were placed on the same footing, so far as the examination before the Central Board of Medical Examiners was concerned. It is easy to see that this mode of procedure had a salutary effect. No particular school or candidate could be favored, as all were obliged to pass through the same ordeal. The homœopaths and eclectics examined those candidates who wished to pursue their practice, as such, on the subjects peculiar to their systems, but all, whether homœopaths, eclectics or allopaths, were obliged to pass the examination on anatomy, practical anatomy, physiology, theoretical chemistry, principles and practice of surgery, materia medica and therapeutics, principles and practice of medicine, and midwifery and diseases of women and children. In addition to the medical examination, every student had to pass a satisfactory examination in the English language, including grammar and composition; arithmetic, including vulgar and decimal fractions; algebra, including simple equation; geometry, first two books of Euclid; Latin, translation and grammar; and in one of the following subjects, the student having the option of naming the one in which he would be examined: Greek, French, German, natural philosophy, including mechanics, hydrostatics and pneumatics. Students who would be examined by the homœopathic or eclectic examiners in materia medica and therapeutics, midwifery, other than operative; surgery, other than operative; theory and practice of medicine, were required to signify their intention to do so to the registrar of council previous to the commencement of the examination, in order that he (the registrar) might provide means of preventing their identification by other students or by the Examiners. Graduates in the Arts, of any recognized College or University, are required to pass only three years, after graduating, in attendance upon medical lectures before being admitted to examination; every student to attend medical lectures for at least three sessions of six months each. The final course to embrace at least four subjects of six months each; each six months' course to consist of not less than one hundred lectures. Every student to attend lectures in a university, college, or school of medicine approved by the council, viz, two courses of six months each upon anatomy, practical anatomy, physiology, theoretical chemistry, materia medica and therapeutics, principles and practice of surgery, principles and practice of midwifery, and midwifery and diseases of women and children; two courses of *three months* each upon clinical medicine and clinical surgery, and one course of *three months* upon medical jurisprudence and botany. The examination is divided into two parts, primary and final; the primary at the end of the second or third year, and the final at the end of the fourth. The following branches in the primary examination, viz: Descriptive anatomy, physiology, theoretical chemistry, toxicology, botany, materia medica, and therapeutics. The following in the final examination, viz: Medical diagnosis, pathology, surgical anatomy, practical chemistry, medical jurisprudence, sanitary science, operative midwifery, operative surgery and surgical anatomy, materia medica and therapeutics, midwifery, other than operative; surgery, other than operative; theory and practice of medicine. Every student to pass two periods of six months each, or one period of twelve months, in the office of a "regularly qualified medical practitioner" in compounding medicines, to attend the practice of a general hospital for twelve months, to attend six cases of midwifery, and to pass the primary and final examinations of the council. All applicants for the diploma of the College of Physicians and Surgeons of Ontario, whether of European or United States Colleges, are required to pass the matriculation examination of the council, and, except in the case of members of the Royal College of Surgeons and Physicians of England,* to pass one full course of lectures in one of the medical schools of Ontario.

This prescribed course of study has produced a most salutary effect, as proved by the experience acquired in the working of the act during the last three years. It is said that not a homœopathic or eclectic has applied for examination in either of these systems since the curriculum above laid down, with the full approbation of the council, including the homœopathic and eclectic representatives, went into operation. The consequence is that considerable dis-

* By the act of last session of the Provincial Parliament, the graduates of McGill College, Bishops' College, Lennoxville; Laval College, Quebec; Medical School, Victoria University, Montreal; and other Colleges recognized by the council, are permitted to go before the Examining Board without spending an extra session in the medical schools of Ontario, in case they can give satisfactory evidence of having passed a matriculation examination similar to the one required from the students in Ontario.

satisfaction existed among the representatives of these two systems, and last year they made an attempt to break up the council. The profession, or properly speaking, the council, sought for fresh legislation last year, as the act was all but inoperative against persons who were convicted as illegal practitioners under the old act. Magistrates could not levy fines when imposed, and the act made no provision for imprisoning those who refused to pay the fines imposed. In fact, the law was so imperfect that "a coach and six," as the late Daniel O'Connell used to say, could be driven through it without let or hindrance. In addition to this, students complained of having to pay so many fees for one thing and another, that they finally rebelled against the council. The council as well as the great body of practitioners sympathized with the students, who held meetings in their several schools, and passed a series of resolutions, selected delegates to remonstrate with the council, and otherwise brought influence to bear, which finally compelled the council to apply for an act which removed the chief grievances complained of and remodeled others, which it is thought will answer every purpose hereafter. Unregistered practitioners, under the new act are rendered incapable of giving medical evidence in our courts, cannot be employed in the public service, and various other things not covered by the former act. Quacks may be prosecuted and fined, and if they refuse to pay, may be imprisoned until the fine is paid or for stated periods. If they repeat the offence, the fine is doubled, etc. The students of medicine and surgery are relieved from the payment of certain fees, and to make up the deficiency the profession generally are to be taxed from one to four or five dollars each, per annum, to sustain the council and to pay the needful expenses. The homœopaths and eclectics were dissatisfied, and their representatives withdrew from the council. They then endeavored to get an act of parliament to establish schools as separate teaching bodies, but the legislature, acting upon the most liberal principles, instead of giving them new powers, insisted that they should abide by the general act, which actually covered all they asked for in the act submitted by them to the legislature, except the one asking for separate and independent powers.

The interesting part of this agitation, which has now, thanks to the liberality of the medical profession and the good sense of the representatives, reached a final settlement, is, that students are satisfied, the council is content, and the profession generally willing to submit to the annual tax, which this year will not exceed one dollar per capita. The annual examinations were held in this city about a week ago, with the most cheering results. Quite a large number of candidates from every part of the Dominion, and representing almost every medical school in Canada, went up for examination, and thus the last act in the medical history of 1873'–74 has passed as quietly as if there had not been a single dissatisfied man in the country.

Before concluding this rather lengthy correspondence, which I trust will not prove uninteresting to your numerous readers, I may inform you that the people of Canada are exceptionally free from dangerous epidemic diseases. In some of the principal cities, such as Montreal, Quebec, Toronto, Hamilton, and one or two towns of lesser note, small-pox has prevailed to a small extent. This repulsive disease, it is thought, was introduced from Halifax, Nova Scotia, where several cases occurred last autumn. There were about thirty cases of small-pox reported in Montreal during the winter, about the same number in Toronto, and a few isolated cases reported from country towns. The mortality was very slight, as not more than ten per cent. of the whole number reported with the disease died. So far as your correspondent has been able to ascertain, the treatment has been the same as usual. The system of isolating small-pox patients has been carried out with the most satisfactory results.

Typhoid fever has prevailed sporadically in several of the cities and towns, but thanks to modern scientific research and investigation the cause of this terrible malady is so well known that few cases have terminated fatally under the treatment resorted to.

Whooping cough has prevailed extensively in this city and in other cities and towns of Ontario and Quebec. It has been epidemic, and more than the ordinary per centage of deaths among young children, infants at the breast, have occurred. It is no uncommon occurrence to visit a family with four, five and six, suffering from this malady. Most of the cases have been complicated with bronchitis, a few with pneumonia. The remedies mostly resorted to in the treatment are belladonna, nitric acid dilute, aconite, potassæ bromide, alumen and potassa chloras. It is just as well to remark in connection with the treatment adopted by practitioners, that the greatest mortality has occurred where preparations of opium formed a part of the medicines employed. The near approach of the warm weather will doubtless aid nature in eradicating the disease in many places where it now prevails most extensively. As usual, where epidemics of this or any other kind prevail, the children of the poor are the greatest sufferers. The consequence and perhaps the cause of so many fatal cases, is owing to bad air, impure drainage, scanty clothing, and for lack of means to procure fuel, cold rooms. Change of air under such circumstances, although the great specific remedy in whooping cough, is out of the question, therefore, the unfortunate poor are obliged to put up with their unenviable lot, and submit to the decrees of providence, which they are so likely to associate with their afflicted condition, without knowing, and in fact without thinking, that the real cause is to be traced rather to the wretchedness and poverty of their unhappy state. Let us sympathize with the poor. "The poor," said the Great Teacher, "ye have always with you, but me ye have not always."

In my next I shall endeavor to collect a

number of interesting facts, which I trust will make up for defects in this letter.

CANADENSIS.

Obscure Case of Abortion.

ED. MED. AND SURG. REPORTER:—

I was called, May 9th, 1873, to visit Mrs. ——, suffering with a profuse leucorrhea. She had been married about three years, but had no children. A speculum examination revealed an ulcerated os, with a profuse albuminous discharge from the cervix. The uterus was prolapsed, resting on the perineum, and quite sensitive to the touch. I made a local application of nit. silver to the ulcerated os, and by means of a uterine sound wrapped on its end with cotton wool, applied carbolic acid (crystal), within the cervix. On the 15th I made the same application, and applied a Meigs ring pessary, with directions to use warm water injections freely. On the 21st I used carbolic acid externally and internally, and on the 29th I applied a sponge tent, so as to dilate the cervix to the internal os, and again applied the nit. silver externally and the carbolic acid up to the internal os. On June 16th, I made another application, diluting the acid one-third with glycerine. On the 26th I applied the second tent, and applied the acid diluted. In the meantime I had her taking tonics to reinstate her general health. Her case from the first steadily improved, the leucorrhœa ceased, and I consented for her to leave town to visit a relative in the country, telling her not to return until after her menstrual period. She had menstruated regularly, except occasionally going over the time a few days, and had her catamenia just before I commenced treatment, and once during the time. While in the country I received a message from her that she had passed her time, and to know if she must return. I jocularly sent her word not to come back in nine months unless it returned. About fifteen days after this, about nine o'clock at night, a profuse hemorrhage commenced, and the nearest physician was sent for. Before his arrival a fœtus had passed and lodged in the vagina, and upon examination he found the Meig's pessary, fœtus, etc., in the vagina, and in taking away the pessary, she said he threw it upon the floor and remarked "that it was the cause of the miscarriage." Her husband took me down to see her. I found her comfortable, but pallid, from the hemorrhage.

The above case is given because I think it presents some points of interest to the profession. In the first place the natural inquiry would be what produced it? She can assign no reason, as she was very quiet on that day, and it came on very unexpected to her while about to retire for the night. She had not the least suspicion of being pregnant, as she had on several occasions passed over her menstrual period before. I have not seen the physician who attended, but she says he thought it was a fœtus of about three months. Could the abortion have been produced by the pessary which she had been wearing with great comfort for over two months? I think not, against the opinion of the attending physician, as I know from experience there are many very much opposed to pessaries, and avail themselves of every opportunity to prejudice patients against them. Why this woman did not abort from the treatment I subjected her to is a mystery to me, except from the fact that I did not introduce the sponge tent through the internal os. She has since become pregnant, but having left town, I do not know how she is getting on.

Before concluding I would say a few words in regard to the error I think physicians commit in prescribing for patients suffering with leucorrhea. About nine-tenths of the profession, when applied to for the treatment of leucorrhea, simply give some astringent injection. This will succeed sometimes, when it is only the result of simple vaginitis, but as I believe a large majority of these cases are directly or indirectly caused from a disease of the cervix or the womb itself, I think it prudent to give such prescriptions, with an explanation of the difficulties in prescribing for symptoms without seeking to find the cause. In using injections patients find no benefit oftentimes. If they do, it is only temporary, and they lose confidence and seek the advice of others, or become despondent and discouraged, and think there is no relief for them.

B. P. REESE, M. D.

Taunton, Va.

Bromide of Sodium.

ED. MED. AND SURG. REPORTER:—

As Dr. Reeve seems interested in the bromide of sodium, and desires the experience of others as to its merits, I will offer him mine. Its advantages over the ammonium and the potassium bromides are: it contains a relatively larger amount of bromine, is quite free from the objectionable taste of the other salts, not being any more unpleasant in this particular than chloride of sodium, and therapeutically more speedy in its action, and less likely to derange the stomach. On the other hand, its effect seems more concentrated and transient, and less depressing than either of the other bromides here mentioned, especially adapting it to epileptiform diseases in children, and some forms of hysteria. Considerable of the bromine however seems to pass off by the kidneys, and its impression on the nervous system is less profound than the potassic bromide, and very far beneath that made by the ammonic bromide. It is also far more expensive, in fact so much so that it will never supersede either the ammonic or potassic salt, even to the extent that the merits here stated entitle it. I prefer, in the treatment of cases requiring bromine, to begin with the ammonium salt; continue it for a few days, and then combine it subsequently with the ferrous bromide. My plan of procedure is to dissolve the ammonic bromide in curacoa cordial, so that each dessert-spoonful shall contain the necessary dose, and with the dose give also about thirty drops of

the syrup of the ferrous bromide. This obviates the deteriorating effect of the bromide upon the system. I may here add that two drachms of the potassic bromide and four drachms of the potassic iodide, forms as efficient an alterative as six drachms of the iodide salt. I am indebted to Dr. E. Wiley, of this city, for this fact, and which my own experience has entirely corroborated. If the experience of others confirm ours, it will diminish the demand for an article now very expensive, and thus save our patients an expense they are often ill able to bear.

CHARLES G. POLK, M. D.,
No. 1502 *North Twelfth street, Philadelphia.*

NEWS AND MISCELLANY.

Extraordinary Malpractice.

The following account is sent us by a correspondent in Baltimore. It is needless to say that the two physicians were both irregular practitioners. A young lady had been ill some time, and her sapient advisers decided she had Bright's disease, for which they prescribed a *turpentine vapor bath*. The bath was administered under the supervision of the doctors (?) in the following manner:—The patient having had the clothing removed, and been enveloped in blankets, was placed upon a chair with a hole in the seat. Beneath her was suspended a tin vessel containing the turpentine, and under it was placed a spirit lamp. The chair was covered with blankets and the lamp lighted. In a few minutes the patient sprang from the chair, exclaiming that she was on fire, simultaneously an explosion occurred, disseminating the ignited fluid about the chamber. The lady was terribly burned in the regions of the nates and thighs. She suffered excruciating agony during the three succeeding days, when death relieved her. The authors of her sufferings stated that they regretted exceedingly the unfortunate accident (?); that it was an experiment they had never before tried, but from which they had hoped good results; that the small quantity of vapor, with which she had come in contact, had *already greatly benefited her kidneys*; and that the accident did not materially affect the result, since her case was hopeless.

Letter of Thomas Carlyle to Mr. Syme.

The following touching letter was written by the great author to the eminent Scotch surgeon, on the occasion of the death of the latter's wife:—

"CHELSEA, 5th February, 1869.

"DEAR MR. SYME:—My heart is sore for you, ever since that lamentable news arrived. Oh, what a loss, what a loss! the brightness of your life, as it were, suddenly extinguished, changed into mournful memories, unspeakably mournful, though by degrees (if you could believe me) beautiful too, and even blessed! A loss to you meanwhile which is immeasurable and irremediable. Alas! alas! I myself, little did I think it was the last I was to see of that bright, affectionate, beneficent, and noble spirit, in this world.

"I judge well you will rally yourself, and bear in silence, like a brave man, the inexorable and inevitable; but it is sore to flesh and blood. May God bless you and keep you!

"Words of condolence, I know sufficiently, are idle, often almost worse, and I will add no more of them. I wished you to understand that perhaps no one of your many friends more deeply sympathizes in this saddest of events.

"Yours ever truly, T. CARLYLE."

Personal.

—M. Villemin has been elected a member of the Academy of Medicine in Paris, in the section of Medical Pathology. He is well known as having been one of the first to make experiments on the inoculability of tubercle.

QUERIES AND REPLIES.

Dr. A. M. D., of Ohio.—The treatment of cancer by the internal administration of arsenic is no novelty. The dose usually prescribed is five drops of Fowler's Solution, three times a day.

Iowensis.—The local treatment of cavities in the lungs, as recently tried by Dr. Mosler, of Germany, and Dr. Pepper, of this city, is not so new as you seem to think. The REPORTER contains a record of a case thus treated in 1865.

Dr. Richard D., of Pa.—We do not know the number of medical journals in the world; probably there are about three hundred, including those on pharmacy.

MARRIAGES.

CLOUD—BACON.—On Thursday morning, April 28th, by Hon. William S. Stokley, Mayor of Philadelphia, Charles R. Cloud, M. D., of Burlington N. J., and Annie E., daughter of the late Joseph K. Bacon, of this city.

GRAHAM—HANSLEY.—At Madison, Ind., April 28th, Dr. William A. Graham and Miss Mary Hansley.

HENDERSON—HUNT.—April 29th, by Dr. John F Pingry, of Elizabeth, N. J., assisted by the Rev. C. S. Woodruff and the Rev. Horace Doolittle, the Rev. W. J. Henderson, pastor of the Clarksville church, and Meta, eldest daughter of Dr. T. Edgar Hunt, of Clarksville, Hunterdon county, N. J.

RICH—HOWARD.—On Thursday evening, April 30, 1874, by the Rev. Charles Wadsworth, D. D., Thomas C. Rich, M. D., and Sallie J. De G. Howard, adopted daughter of Mrs. M. A. Howard, of Philadelphia.

DEATHS.

FREEMAN.—On Monday morning, May 4th, 1874, Dr. A. P. Freeman.

GORDON.—In this city, May 4th, 1874, Thomas Gordon, M. D., in the 53d year of his age.

MORTON.—In this city, on the afternoon of the 2d inst., Samuel George, son of Dr. Thomas G. and Ann K. Morton, aged 7 years.

SMITH.—In De Kalb, Ill., March 28th, Dr. Dudley Smith, aged 74 years 6 months, a native of Gilsum, N. H.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

CASES OF CEREBRO-SPINAL MENINGITIS IN 1873 AND 1874.

BY WILLIAM READ, M. D.,

Of Boston, Mass.

[*Concluded from No.* 898.]

Case xii.—April 24. —— Young, æt. 19; works in a shop. Has been well, except feeling rather more tired than usual by her work, till last night, when she was wakened from her sleep by a pain in the back of her neck. No chills. To-day has felt too unwell to work. The only suffering is in the back of the neck. By a report from one of her shopmates, made subsequently, patient had severe chills all the day before; so much so, that she sat by the stove in the workroom all the day. To have four leeches behind the ear, croton oil to nape of neck, a full dose of castor oil and glycerin, and then 1 gr. ergotin and $\frac{1}{10}$ gr. ext. belladonna, every three hours. Ice to seat of pain in head, and a jug of hot water to feet.

April 25. Leeches bled freely, with relief. This A. M. headache across the forehead, skin cool, pulse 61, both irregular and intermittent; tongue clean. Some nausea on taking food. No appetite at all. Cathartic operated well. Had a slight chill this A. M., about 5 o'clock, which soon passed off. Continue treatment, and have for nourishment a cup of milk gruel and a cup of beef tea, alternating, every three hours.

April 25, P. M. Has had three attacks of chills since last record, which disappeared as soon as warmth was applied. Has taken her nourishment well. No vomiting. If she takes the full complement of food, is nauseated. Headache all day across the forehead, and in no other part. Stiffness of the neck has disappeared. No coldness nor lividity of extremities. Pulse 62, *very* irregular, but not intermittent. Has a good deal of pain across the hips, but as menstruation is momentarily expected, it was attributed to that cause. Thermometer $98\frac{4}{10}$.

April 26. Had a very comfortable night; slept quietly. The pain in her head ceased about 2 A. M. The ice was continually applied through the night. Menstruation present this A. M., and the pain at the hips is gone. No nausea. One slight chill at 2 A. M.; did not last long. Pulse 68 to 73; no regularity to it at all; intermitted twice in the first quarter of a minute counting. Just at present patient has no pain anywhere. No appetite; food produces disgust. Continued treatment.

April 26, $8\frac{1}{2}$ P. M. Has had a steady pain in her head all day, accompanied by a "funny feeling;" two chills of short duration, and easily broken up by putting her feet to the jug of hot water. Tongue clean; breath not offensive. Has a feeling of pain in the calves of the legs. No opisthotonos. No pain in the nape of the neck, where it first began. Pulse 59, very irregular. Has had no attack of vertigo. Continued treatment.

April 27. Pain continued till after midnight. One slight chill. Head is not quite free from all uncomfortable feeling. Pulse 79, irregular and intermittent. Continued treatment.

April 27, 6 P. M. Pulse 64, irregular, and feeling as if there were many half beats. No chills and no headache since last record, but as she lay in bed, the gas chandelier seemed to pa-

tient to be swaying back and forth. This condition lasted three-quarters of an hour, and until ice was applied to head, when it ceased. About 2½ P. M. there came a pain in the spine, about on a level with the crest of the ilium, a sharp pain, which lasted two or three minutes, and came and went till half an hour ago. On examining the spine in that region, it was found to be tender to the touch. No pain in calves of legs, and no spasmodic action of the muscles. Continued treatment.

April 28. Pulse 67, irregular, with very marked contrasts, but not intermittent. Pain in the back kept up, and ice was applied every twenty minutes till 11 P. M. At this time the pain in the calves of the legs came on, and sinapisms were applied. After these were applied, patient fell asleep and slept till 1½ A. M., when she awoke with some pain remaining, but less than before. After this, occasional pains showed themselves, here and there, but now (8½ A. M.) she feels comparatively free. There is a little pain in the back, just enough to know that it is present, but the head is free. Continued treatment.

April 28, P. M. Pulse 57, regular. Has had no pain, except in her back, and that slight, since morning visit. No chills; no vertigo. Appetite begins to return. Continue treatment, and have a teaspoonful of brandy every two hours.

April 29. No pain. For a short time suffered from a feeling of constriction across the forehead, but it passed away on the application of ice. Slept nearly all night. The pain in her back gradually abated till 11 P. M., when patient fell asleep and woke entirely free from it. Tongue clean. Pulse 58, regular, but at times very feeble. Continued treatment.

April 29, 8½ P. M. Pulse 66, regular, but unequal in force. Has been free from pain all day. The tenderness on pressure along the spine, noticed on the 27th, has disappeared. Is hungry. No chills. Continued treatment.

April 30. Slept well throughout the night. Was awake only when she took her medicine. Pulse 66. Continued treatment.

May 1. Pulse 70, about normal in all its characteristics. Has had no pain since last record, except a slight dull feeling of uneasiness in her spine, where the tenderness existed. Had a very slight chill in the P. M., which passed off immediately. Take one-half the quantity of ergotin and belladonna. Continue brandy.

May 2. In attempting to sit up in bed, yesterday, to eat her dinner, felt dizzy and faint, and was obliged to lie down immediately. Was relieved by so doing. Late in the P. M. a slight pain at the top of the head, which was relieved by ice. Slept all night. This A. M. free from pain, but felt tired on waking. Now (9 A. M.) all right. Pulse 98, quite irregular. To be kept perfectly still and continue treatment.

May 3. No return of pain. Reports very well.

May 4. Convalescent.

Case XIII.—April 25. —— Ulman, æt. three years and two months. Did not eat as much dinner as usual. Went out to play, but came in crying about his teeth. Legs were cold, and his left arm and hand completely so. His right arm was warm enough. Said that his neck, at the back, hurt him. Was put in a mustard bath, and in the course of a couple of hours got warm. Inclined to sleep. Almost stupid. Groaning and twitching. Has no control over his bladder, and passes water with more than usual copiousness. Now (6½ P. M.) asleep. Skin red, probably from his bath. Pulse 186, very irregular. Body warm. Have two leeches to each space behind the ear, croton oil to nape of neck, ice to head and hot water to feet, and to take 1 gr. ergotin and $\frac{1}{10}$ gr. ext. belladonna, every three hours. Food to be milk and beef tea, alternately. Have a dose of castoria for a cathartic.

April 26th. Leeches bled very freely; slept all night quietly, and without fever; dejection from cathartic about six o'clock A. M.; at seven o'clock A. M. a paroxysm of fever, during which his face was crimson; no chills; now, eight A. M., pulse 133, with two intermissions in the minute, and constant irregularity; continue treatment.

April 26th, P. M. Has complained very little of pain to-day, and has been quite talkative; asleep an hour and a half; now, six P. M., pulse 100, irregular, and intermittent three times during the minute; no chills; no nausea; no inclination for food; considerable twitching of the muscles.

April 27th. Slept, with very little waking through the night; breath very foul; pulse 106; very irregular, but not intermitting; no chills; one paroxysm of fever; no appetite; urine scanty; spasmodic action of muscles gone.

April 27th, P. M. Had a paroxysm of fever about one P. M.; no chill; pulse 115, and irregular; while sleeping was in a profuse per-

spiration, and his face was crimson; is very thirsty; tongue clean; offensive odor of breath gone; continue treatment.

April 28th. Pulse 124; regular; tongue clean; slept very quietly; appetite coming back.

April 28, P. M. Has had no pain during the day; pulse 112; regular; continue treatment.

April 29th. Rested very well; pulse 128, with one intermission during the minute of counting; urine still is less in quantity than in health; complains of no pain; has one slight paroxysm of fever; continue treatment.

April 29th, P. M. Doing very well; pulse 110.

April 30th. Cerebral symptoms gone; during the night was attacked with hoarseness without any cough; is still quite hoarse, but not croupy. Have

℞	Vin. ant. tart.,	ʒss	
	Syr. scill.,	ʒss	
	Spts. menth. virid.,	ʒss	
	Syr. aurantii,	ʒss.	M.

Take one teaspoonful three times during the day. Pack throat with a towel wrung out in cold water.

May 1st. Was quite hoarse through the whole of yesterday, and most of the night, but at visit this A. M. is well.

May 2d. Convalescent.

Case XIV. May 2d. —— Church. Patient has been much fatigued of late, and for a long time has had severe spinal disease; went to bed as well as usual, and at her usual time; had occasion to go into the entry, and while standing in her night dress, at the stairs, was seized with a tremor and chill, which made her teeth chatter; the attack was not attended with any coldness of the surface; pulse 66; the temperature of the body, although the thermometer was kept more than five minutes in the axilla, did not rise above $97\frac{2}{10}$. By applying hot water to the feet patient soon came out of the chill. Has no pain in head nor neck, nor is suffering from any symptoms different from what she has had many times before (except the chill) in attacks of spinal irritation, except what she calls a "queer feeling" in her head, as near a feeling of congestion as anything she can describe. Ordered hot gruel, twenty grains bromide potass. This quieted her and she slept; pulse regular, but kept at the low rate recorded. When I left patient, at two o'clock A. M., warmth had returned all over the body. Ung. verat. was ordered to be applied to the nape of the neck and along down the spine.

May 3d, 8 A. M. Has had some sleep. No change in symptoms. The differential symptoms between her accustomed attacks and the present one are that the former usually subside at once under the administration of remedies; while now she continues to suffer just about as much as at first, and she has lost her strength, being hardly able to stand on her feet. Head is no worse; if any change, a little easier than at the end of night visit. The first two or three cervical vertebræ are tender to the touch, and all the uneasiness she has is referred to that locality. The ung. verat. has caused a good deal of smarting. Pulse 76, equal and regular. Continue treatment.

May 3d, 3 P. M. Condition, in the main, remains unchanged as to pain and prostration. Pulse slightly fluttering at times. No return of the chills. Taking a view of the case as a whole, I decided to put her on the treatment already pursued in the preceding cases, and accordingly patient was ordered one grain ergotin and $\frac{1}{10}$ grain extract belladonna every three hours; one leech to each mastoid process; croton oil to the nuchae; ice p. r. n., and constant heat to lower extremities.

May 3d, 8 P. M. No change in condition, except that the pulse has become decidedly irregular, and at times so faint as to be almost inappreciable, although not really intermittent. Continue treatment, and have one drachm of brandy every two hours.

May 4th. No change, continue treatment. After this, owing to illness, the patient passed out of my hands and was attended by Dr. John P. Reynolds, who made no change in the treatment. She came again under my care.

May 15th. Is convalescent from cerebro-spinal attack, but is very weak and prostrated. Strength does not come back. Has very little power over her lower extremities below her knees. Head is confused by the least excitement, and patient cannot keep her mind fixed on any subject. Appetite is coming back. Suffers from night sweats. To be rubbed with a towel saturated in brine and dried. Have limbs bathed with an infusion of filix mas, buckhorn, in brandy.

From this time, by an exceedingly slow progress, patient gradually regained her strength under a tonic course of syr. ferri pyrophosph. and bromid. potass, twenty grains, chloral hydrat., ten grains, p. r. n., to counteract the

wakefulness, which became a prominent and annoying symptom after she was convalescent. Early in July she left for the mountains.

Case xv. May 3d. —— Felix. Is usually very well, but for two or three days has not been in her accustomed health. This p. m. has been suffering from a pain between the eyes, extending backward to the base of the brain, not severe but persistent; pulse variable, 61, 65, 72, in as many consecutive minutes; quite irregular; once or twice intermittent; has had a chill; has had no appetite all day; is sitting up, and attributes her malaise to having taken a slight cold, and is, with difficulty, persuaded to go to bed. To have one grain of ergotine and one-tenth grain extract belladonna every three hours; two leeches behind each ear; ice to head, according to the severity of the pain; croton oil to nape of neck; and heat to the feet.

May 4th. Had a fair amount of sleep; pulse 72, irregular; pain continues in the same place, and as severe as at last visit; leeches bled nearly all night. Continued treatment. To have milk porridge and beef tea, a teacupful alternately every three hours.

For the same reasons as expressed in the record of the last case this patient passed from my care to that of Dr. Reynolds, who made no change in treatment. She convalesced so far as to ride out on the 9th, and rapidly recovered.

Case xvi. May 16. —— Hyde, æt. 6½ years; was perfectly well and had been to the circus the evening before. Soon after his return home was seized with severe headache at the nucha, accompanied by a chill. Now complains of headache all over his head; pulse irregular, and about 80 per minute, an average of several minutes. Was ordered a dose of citrate magnesia, and ergotine, and extract belladonna, one grain of the former with one-tenth grain of the latter every three hours; croton oil to seat of first pain; two leeches on each space behind the ears; and ice to head p. r. n. Patient continued without growing any worse; the pain in the head and in the spine gradually abating until the 24th, when he was thoroughly convalescent.

Case xvii. June 15th. —— Hussey, æt. about 30 years; has three children; ordinarily well. Did not feel very well in the forepart of the day yesterday, but kept up till supper time, when, while at the table, was seized with a very severe pain in the head and at the back of the neck; her face flushed up to a deep crimson, and almost immediately had a chill; her flesh was cold; teeth chattered; and patient felt cold "clear through." Now in bed; expression of face that of suffering; tongue coated; some fever; pulse regular, 65; no appetite; cannot sleep for the pain in the head. To have one grain ergotine, one-tenth grain belladonna every three hours; croton oil to nucha; ice to head; a bottle of hot water to the feet; and milk porridge and beef tea alternately for food.

June 17th. Has had a good deal of fever during the night, but little at visit; pain in head and back of the neck a little less severe; reports a pain across the lumbar region, in the spine. Continued treatment; and apply tincture sap. et opii to seat of lumbar pain; pulse 68, regular; abdomen quite tender on pressure.

June 18th. Pulse 68, regular; tongue cleaner than yesterday. Just now has very little pain anywhere except in her back. Flesh warm; says her head feels confused. No appetite; slept very well. Continued treatment. Have a cathartic dose of ol. ricini and glycerin.

June 19th. Has been in about the same state since last record as then. Pulse 68, irregular and unequal for the first time since attack commenced. Tongue almost clean; no appetite. Thermometer $103\frac{4}{10}$. Some pain in abdomen. Says that she has no pain, but a confused feeling in her head. No pain but an aching feeling up and down the spine. Says that for three or four weeks before she was seized had been suffering almost constantly from sick headache, and on that day, Sunday, 14th, got up with the usual feeling; about tea time, after having been to ride, was attacked with a different kind of pain in her head, sharp and almost unbearable, followed almost immediately by high fever; vomiting; cramps in the stomach, and a chill that went through every part of her body. The pain extended the whole length of the spine. Is very thirsty; senses perfect. Continued treatment.

June 20th. Cathartic has continued to operate, causing great pain. Pulse 68, regular. In other respects free from pain. Have tr. opii. camph., ʒj., p. r. n.

June 21st. Free from fever, and when she lies quiet and still has no trouble with her head. Pulse 68, somewhat irregular, and when she attempts to sit up in bed, very feeble. Head still feels confused; cannot think; no appetite. Tongue clean. Pupils have not been affected in the slighest degree by the belladonna.

Have the ergotine and belladonna one-half as often.

June 22d. Pulse 65, regular and normal in strength. Has no pain. Appetite has returned, and patient is quite hungry. Except that her strength is entirely gone, and she feels faint at every attempt to get up, patient feels well. Omit medicine. Patient was put on a mild tonic course, and visits discontinued.

Case xvii.—June 23d. —— O'Keefe, æt. 21. Patient is a coachman in a private family; family history good; never was ill before; came to Boston from Nahant, where, about a week ago, he had a chill. Six days ago pain came on in back of head and neck, and down the spine to thighs; he also vomited. Was seen on the 20th, by Dr. Borland, who found him complaining of intense pain in nucha, neck stiff, but head not drawn back. Pulse feeble, but not hurried. Petechial spots on arms, and a few vesicles of herpes on left side of mouth. Bowels constipated; tongue coated; mind stupid when let alone, tending to run off in a wandering delirium. Entered Boston City Hospital, June 22d. Present condition: in bed; dorsal decubitus; well nourished; face inclined to lividity; neck stiff; a few vesicles of herpes on left side of mouth; slate color spots, a few lines in diameter, covering chest near both shoulders, arms and inner sides of thighs. There are a few scattered ones on back and legs. Mind tolerably clear; complains of intense pain in back of head and neck; these parts are tender to the touch. Tongue clear, around edges; centre dry, brown and cracked; between the central dry line and the clear edge is a greenish pasty layer. No appetite; considerable thirst; bowels constipated; micturition free. Temperature $103\frac{2}{10}$; pulse 76; respiration 36.

June 24th. Morning temperature $101\frac{4}{10}$; pulse 71; respiration 24. No change in condition from what was reported last evening; to have ergotine, gr 1, ext. bellad., gr. $\frac{1}{10}$, every four hours. Apply croton oil to nucha and ice to head.

June 25th. No change in condition; no irregularity or intermission of the pulse. To have

R.	Ol. ricini,	℥i	
	Glycerinæ,	℥ss	
	Spts. sem. anisi,	ʒi.	M.

Ft. haust.

Morning, temperature $102\frac{6}{10}$; pulse 80; respiration 24. Evening, temperature $101\frac{8}{10}$; pulse 96; respiration 24.

June 26th. Tongue uniformly coated with yellowish white paste; edge free from coating Rigidity of neck remains the same. Senses perfect; pulse 58 and regular. Petechiæ more numerous and resembling small ecchymotic spots. Morning, temperature $101\frac{2}{10}$; pulse 72; respiration 24. Evening, temperature $102\frac{8}{10}$; pulse 76; respiration 20.

June 27th. Pupils somewhat dilated. In other respects unchanged. Morning, temperature $100\frac{8}{10}$; pulse 84; respiration 21. Evening, temperature 103; pulse 80; respiration 26.

June 28th. Had slight epistaxis last night. Rather less pain in head; general condition unchanged. Morning, temperature $103\frac{2}{10}$; pulse 78; respiration 20. Evening, temperature $102\frac{4}{10}$; pulse 72; respiration 24.

June 28th. Petechiae on upper part of body unchanged; quite numerous on abdomen, few on thighs. More numerous below knees; increasing in size and color; skin not raised over any of them; pupils still dilated; eyesight perfect; other senses perfect. No pain in head. Pain referred altogether to the first two or three of the cervical vertebræ. Cannot reach breast with chin. Much more freedom of motion the other way. Tongue in same condition as recorded on 26th. Pulse perfectly regular, and of normal fullness; appears lighter. Morning, temperature $102\frac{4}{10}$; pulse 72; respiration 24. Evening, temperature $104\frac{4}{10}$; pulse 80; respiration 24.

June 30th. Condition unchanged. Morning, temperature $100\frac{4}{10}$; pulse 80; respiration 24. Evening, temperature $100\frac{6}{10}$; pulse 70; respiration 22.

July 1st. An ophthalmoscopic examination was made yesterday by Dr. Williams, whose report is as follows, viz: "There has been a neuritis, but now disk looks as if inflammation was passing off. Nothing else abnormal seen." Perfectly free from pain. Motion of head rather more free. Morning, temperature $99\frac{6}{10}$; pulse 72; respiration 18. Evening, temperature $102\frac{2}{10}$; pulse 80; respiration 22.

July 2d. Last night had headache in region of cerebellum; no change in other respects. Morning, temperature $102\frac{6}{10}$; pulse 75; respiration 28. Evening, temperature not taken.

July 3d. Spots passing off. Both pupils dilated. Right obeys the light better than the left. Left a little more dilated than the right. Omit medicine.

July 4th. Pulse 78 and irritable; skin hot.

Pupils obey the light more readily; head very hot. Apply a cloth wet with alcohol to forehead.

July 5th. Pulse 61, and quiet; skin quite natural. Yesterday P. M., whole left side became paralyzed. This morning there was twitching of the left sterno-mastoid muscles for a short time. Is a little delirious.

July 6th. Paralysis continues and has extended to the muscles of the throat, so that deglutition is imperfect. Ordered an enema of four ounces of beef tea, every three hours, also inject subcutaneously $\frac{4}{10}$ grain strychniæ sulph. three times a day.

July 7. Condition remains unchanged. Have brandy, ℥ss, by injection, every three hours.

July 8. Has been growing worse since last record.

July 8, 9.35 P. M. Dead.

CASE XVIII.—December 5. —— Clapp, æt. 14. Last Sunday, Nov. 30, was seized with pain in the region of cerebellum, accompanied with swelling of the muscles of the neck, and inability to move the head except to a very limited extent, and with great pain. With the attack came high fever, which has gradually subsided. Patient now has fever in the P. M., but in the morning (the time of the visit) is quite free from it. Has pain at the top of the head, which he describes as paroxysmal, jumping. Tongue clean. Pulse 84, very irregular, ranging from 6 to 9 beats in equal portions of the minute. Tonsils very much swollen. Patient had already taken a powerful cathartic dose of medicine, and he was ordered ergotin, 1 gr.; ext. belladonna, $\frac{1}{10}$ gr., every four hours. To apply tr. iod. to the inflamed tonsils with a brush, and rub the throat externally with liniment of ammonia.

December 7. No material change. Reports that at the time of the commencement of the attack his sight was much disturbed, blurred. This symptom has passed away. Pain at top of head remains without abatement. Continued treatment.

December 9, 11 A. M. Condition very comfortable. Pulse 80, regular. Patient reports that in the morning he is always much better than he is in the P. M. Continued treatment.

December 11. Reports that he has felt quite well since last record. The stiffness in his neck has gone, and he has very little headache. Pulse regular, and normal in frequency. Diminish the dose of the medicine ordered one half, and after three days omit it entirely. Not to return to school for three weeks.

Patient was seen four weeks after the date of last visit, and he had then returned to school. He reported that he could not study nor apply his mind to anything. Felt lazy and disinclined to any work. Appetite not good. Felt about half sick. Face wore a tired expression.

CASE XIX.—December 14. —— Page, æt. 13. For about a week patient has been ailing and losing his appetite. Tongue coated, breath offensive. No fever. Temperature of body normal. Function of bowels well. Pulse 96.

℞.—Spts. ether. nit., Liq. ammon., acet., āā ℥ss; Aquæ camph., ℥ij. M.

Take a tablespoonful every three hours.

December 15. Right ear inflamed and covered by an eczematous eruption. Hands cold. Pulse 82, irregular. Patient is listless; disinclined to exercise. Scalp quite sore to the touch. Pain through his head, from side to side. There is great tenderness, on pressure, at the nucha; also along the cords of the neck. Says the pain goes through his head from ear to ear, and when he shakes his head it gives him pain; also when he sits down quickly. To have ergotin, 1 gr.; ext. belladonna $\frac{1}{10}$ gr., every four hours. Liniment of ammon. to tender spot at nucha, and

℞.—Ung. benz. zinc, ℥j; Tannin, gr. j. M.

Apply to the ear.

December 15, P. M. No change of consequence since morning. The feeling in his head continues, but there is no pain except on a sudden jar or motion. Senses perfect. Hands quite hot. Pulse 71, very irregular. No thirst. Ear much improved.

December 16. Slept all night, but restless during his sleep, which is not his natural condition. Hands, this A. M., cold. Tongue slightly coated. Pulse 71, irregular, with occasionally a *very* feeble beat, but no intermission. Appetite as good as usual. Feeling in head same as before reported. Reports that several times during the day he feels cold, and in a short time hot again. The temperature of the room makes no difference in this. Continued treatment.

December 16, P. M. No change from morning report. Pulse 71, very irregular.

December 17, A. M. In his general condition patient is slightly improved. Condition of head unchanged. Pulse 66, very irregular. Continued treatment.

December 17, P. M. No change.

December 18, A. M. Pulse 68; same irregu-

larity that has been noticed. Tenderness about the nucha much abated. Says his head feels better to-day. Continued treatment.

December 18, P. M. Pulse 70; quite free from irregularity. Continued treatment.

December 19, A. M. For the first time, the pulse, 80, is steady during two minutes. No tenderness at nucha. Continued treatment.

December 20. Does not feel quite so well. Has been constipated for past three or four days. Had some pain in his head yesterday. Pulse 30 for the first half minute of counting, and irregular, then 72 for a whole minute, and steady. Have a cathartic and continue treatment.

December 20, P. M. Has passed a very good day. Cathartic has operated, with benefit. Pulse 82, steady.

December 21. Pulse 80. No pain anywhere. Has had additional free dejections. Continued treatment.

December 22. Patient reports that on first going to bed he lies awake for a long time, but after he gets to sleep he does not wake till morning. No pain, no uncomfortable sensations. Appetite moderate, tongue well. Pulse 63 to 60. Once in the first minute of counting, and twice in the second, there was irregularity. Continued treatment.

December 23. Slept soundly all night, and very late this A. M. Pulse 54, the average of several minutes; unequal in succeeding half minutes, 24, 26, 28. Occasionally the beat is almost imperceptible. Action of heart feeble. Hands cold. Yesterday suffered from a feeling of listlessness almost amounting to stupidity, with an inclination to sleep. No pain, no vertigo, no tenderness on pressure, no affection of the special senses. Appetite poor. Have a teaspoonful of brandy every three hours, and add to his diet a cupfull of strong beef tea twice a day. Continued treatment.

December 23, P. M. Says he feels much better for the brandy. Extremities warm. Pulse 80, full and regular for several minutes. Continued treatment.

December 24. Slept very well. Pulse 70; very slight irregularity. Continued treatment.

December 25. Went to drive yesterday. Feels tired, with nothing to do. Slept well. On rising this morning felt a momentary dizziness, which passed off as soon as he began to walk about. No pain. Pulse 68, 78, 76, in three successive minutes. Feeble in character. Omit ergotin and belladonna one-half. Continue brandy and other treatment, and have a teaspoonful of tr. gent. co., twice a day.

December 26. No material change from yesterday's record.

December 27. Pulse 78, full, steady and strong. Had no vertigo on rising this morning. Is very hungry. Continued treatment.

December 28. Doing well. Pulse 80; once or twice a single irregularity was noticed. General condition satisfactory. Continued treatment.

December 29. Doing well. Pulse 78, steady.

December 31. Doing well.

January 2, 1874. Doing well. Pulse regular.

January 4. Doing well. Pulse regular and normal in frequency. Omit ergotin and belladonna. Continue brandy and tr. gent. co.

January 11. Father reports that patient does not recover from his weakness; cannot bear any fatigue. Any exertion causes dullness and a sense of uneasiness. After a day of some excitement, had a sense of pain along the spine, which went away after a night's sleep. Omit tr. gent. co., and have syrup. ferri pyrophosphate ʒj, three times a day.

January 21. Gains very slowly. Occasional irregularities still noticeable in pulse. Gets very tired, and has the legs ache after any exertion. Appetite good. Cannot sleep. Have

℞.—Bromid. potass.,
Bromid. ammon., āā ʒj;
Aquæ, ʒij. M.

Take ʒij on going to bed.

February 12. Reports himself to be much better. Can endure more fatigue, feels brighter and in better spirits. Pulse continues for several consecutive minutes normal in frequency, and regular. Was advised not to go to school at present.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.—CLINIC ON DISEASES OF WOMEN.

BY PROF. T. G. THOMAS.

Double Uterus and Vagina.

GENTLEMEN:—To-day I have the privilege, through the kindness of Dr. Austin, of showing you that rare form of abnormality known as double uterus. Dr. Austin is greatly entitled to our thanks, inasmuch as he has thus favored us, with much inconvenience to himself. I have

here also a specimen obtained many years ago from the dissecting room, where is found a similar condition of affairs. As you may doubtless know, it is not a double uterus and vagina, but a uterus and vagina with a septum dividing them into two divisions. There are only two ovaries, one on each side. This specimen is nearly perfect, but when it was drying it was not properly looked after, and a portion of the septum is displaced. (The patient was brought into the clinic and exposed. The only point to attract attention was a small pouting surface of mucous membrane which proved to be the septum. Dr. Thomas introduced his first and second fingers on either side of the septum, showing that the septum extended vertically when the patient rested on her back). When I pass my first and second fingers into each vagina, I detect each cervix, and when two sounds are introduced they diverge, one going into each corner. It is of interest in this case to know that it was treated for years, and the true condition of it never made out.

Sarcoma of the Uterus (Suspected).

You would do well to watch this patient narrowly. Notice the complete debility. I know the first thought that enters your mind is that she has carcinoma, which she has not. When the case is examined, you would be very likely to tell your patient confidently that you can cure her, and the chances are that you would be very much mistaken. If I had seen and understood a case like the present long ago, I would have made fewer mistakes than I have.

M. O. T., aged forty, single. Up to the present has menstruated. During the last two years complained of pain in the legs and back. Has also complained of metrorrhagia, but never was examined before yesterday.

Vaginal Examination.—The cervix is open and admits the tip of the finger. The uterus is in position, and measures two inches and a half. There projects down into the cervix a mass, and around this mass you can sweep the finger. The sensation it gives the finger is that it is hard and round. My opinion is that, although this resembles polypus, it is not polypus, but another variety of growth that has only lately attracted attention. I refer to uterine sarcoma.

Paget refers to this class of tumor as recurrent fibroid of the uterus, and describes the variety as being of a nature that easily breaks down, and when it has broken down proves a mass that resembles fungus hematodes. If removed it will return again and again. Eventually the death of the patient resembles that of carcinoma. Beware, in excluding this disease. That which makes me suspect it to be a sarcoma, is the fact that there is so grave constitutional trouble arising from such a small tumor. The microscope alone can settle the matter. True carcinoma is heterologous with the tissue from which it developes. Uterine fibroids are the reverse of this, whereas sarcoma holds middle ground, as being composed of connective tissue and cells, but the connective tissue in sarcoma is in much greater quantity than in carcinoma. That is about all I know on the subject, and I think it is about all that is known. It is only in the recent works that it is mentioned, and I do not think that it is mentioned in all of them. Some years ago I published six cases of carcinoma, and I feel confident now that four or five of them were sarcoma, from their development. I hope I may be mistaken about this, but I shall remove or confirm my suspicions by operating on the case. The operation will be to slit up the cervix and either enlarge the mass or strip it off from the uterine wall. If it is a fibroid, this may be done easily, but by no means so if it is a sarcoma. Matthews Duncan has reported a case of this kind. When the mass breaks down and leaves a bleeding stump, the hemorrhage is usually very profuse.

Recto-Vaginal Fistula.

Mrs. X, aged thirty-one, married; has had two abortions, the last one five years ago. Eight months since detected, for the first time, an escape of air from the vagina. Shortly after this there appeared fecal matter.

Vaginal Examination.—About one inch from the anus there is found an opening existing between the rectum and vagina. The sphincter of the anus is perfect. This is recto-vaginal fistula. This class of fistula is usually caused by a fish-bone, or some other irritating substance resting on the rectum and ulcerating its way through. Syphilis is a very common cause of it, though no trace can be detected in this patient. Vesico-vaginal fistula, on the other hand, is nearly always the consequence of parturition, and usually caused by the head of the child pinning the fold of the bladder to the tubes for a sufficiently long time to cause a slough.

Treatment.—Before operating evacuate the bowels thoroughly, and for this purpose catharsis should be extended for a period of ten days or two weeks. The reason of this prolonged catharsis is, one or two evacuations of the rectum do not by any means remove the fæces from the whole intestinal tract, but when you have thoroughly evacuated the bowels the patient may be kept constipated for a week without any difficulty. To produce the effect a cathartic pill may be given every eight or ten hours. What is true in this case, as to the advantage of producing complete catharsis, is also true before operating for ovariotomy.

Operation.—The patient is placed on the back, and Sims' speculum introduced so as to press up the anterior wall of the vagina; retractors are then introduced, so as to keep the sides of the vagina crowded back. Then the finger is introduced into the rectum and the fistula brought forward and exposed. This case was operated on before, but it was a failure. In operating it is important to make a wide base, into which the sutures are inserted; there is greater danger of making too narrow than of too broad a base, as far as the success of the *operation is concerned.*

Sub-Peritoneal Fibroid of the Uterus.

A. D., aged thirty, widow, negro; has been sick for the past fifteen years; complaining of pain in the lower part of the abdomem, in the back, and in the lower extremities; has also had menorrhagia.

Vaginal Examination.—The cervix is large, and patulous, and low in the vagina. On introduction of the sound the uterus is found to measure three and a half inches in diameter. Posteriorly to the uterus there is a large mass which presses on the rectum. When pressure is made on the womb it moves up, and carries this mass with it. It is, therefore, not cellulitis. One of the ovaries also is dislocated. The tumor posterior to the uterus and attached to it is a subserous fibroid. I think it is that, from its connection with the uterus, from the peculiar feel it gives to the finger, and lastly, from the race the patient belongs to.

Treatment.— The medical treatment of subserous fibroids is not very promising, to say the least. It may then be asked what is the good of knowing that this is the true state of affairs, when we can do nothing. Simply this: it keeps us from treating a case like this when we know treatment will cause trouble. For fibroids ergot is the best remedy; but in a case like the present, where the tumor is completely external to the body of the uterus, any influence exercised on the fibres of the organ can do but little benefit to the tumor. When the patient ceases to menstruate the tumor will give her less and less annoyance. By applying a pessary the heavy uterus might be kept up, and the disagreeable symptoms of which the patient complains be removed. Beyond this, treatment would be useless.

Bright's Disease—Induction of Salivation by Means of Pil. Cath. Comp.

Mr. A. O., aged thirty. At the outset of the disease there was nothing of special interest. The patient complained, however, of marked constipation. For this one cathartic pill was ordered every six hours, till bowels moved. He was not seen for a day or two, when, in the interim, a dozen pills had been taken, but no motion from the bowels. At the next visit profuse salivation had set in, which greatly aggravated the distress of the patient. The disease ran a rapid course, resulting in death. The only important fact connected with it was the danger resulting from the continued use of cathartic pills containing mercurials, either in those cases where prolonged catharsis is required, or, as in the case narrated above, where the other agents are imperative.

Errors in Diagnosis.

Gentlemen:—I bring before you to-day two cases which I think you will find to be of considerable interest. They were both sent to this clinic for an opinion in respect to ovariotomy.

Fatty Abdominal Walls.

This first patient has, as you see, a flattened abdominal tumor, and we shall try and find out the cause of it. By placing the hand over the abdomen, and pressing down with each expiration, we go down and down till I find under my fingers the pulsation of the aorta. This settles one thing, and that is that there is not there what is properly called a tumor. Another method is to get the hand of an assistant to press on the abdomen, and the two hands of the examiner, one on each side of the abdominal wall, when brought together beneath the hand of the assistant, will find in their grasp a tumor, if there is one. When this is done, the hands come together, but as they do come together they find thick abdominal walls, which can be rotated from side to side.

There are three states of the abdominal walls which are often mistaken for abdominal tumors; two of them we are able to present to the clinic to-day: 1st, fatty walls; 2d, rigidity of walls; 3d, elephantiasis of the abdominal walls. I have known cases like the one we have here to-day to come across the continent for operation. In their diagnosis, system and great care are both necessary; for though it appears simple enough to read and hear about, it is by no means easy when the patient is placed before you, as you know that a tendency to a deposition of fat occurs about the menopause, and it may be that we have emaciation over the whole of the body, with the exception of the abdomen, and there the deposit of fat.

This condition, though irremediable, is simply uncomfortable, and entails no danger, unless it is that of being subjected to an operation through mistake, for cases have been cut into again and again.

Elephantiasis, though a rarity, does exist. Dr. Atlee, of Philadelphia, describes one case where he was called to operate, and found the patient sitting on one chair and supporting the abdomen on another.

Rigidity of Abdominal Muscles Causing Phantom Tumor.

I now present to you another case, of greater interest, if possible, than the one just taken out. It comes from a first-class diagnostician, with a note inquiring if it is an appropriate case for operation. When the patient lies exposed on the table there is noticed an abdominal tumor, resembling very much an ovarian cyst. It is accuminate, the apex being at the umbilicus.

When we palpate it, there is the feeling as if it was an ovarian cyst. We now try the method I have mentioned so often, and find that we go down and down till there is no tumor at all, yet when the hand is removed we have the tumor again. This is not fat, for when we try to gather the walls up in our hands we are unable to grasp as large a mass as we did in the last case. When we percuss it we get the clear, resonant sound of gas, yet this is not tympanites. It was described by the older authors as phantom tumor. Three or four cases have been operated on by mistake, and, strange to say, two by the same man. It is, properly speaking, a case of spasm of the abdominal muscles, and when we ex-

amine the abdomen we find the oblique group of muscles quite tense. It is this that gives rise to the accuminate appearance so closely resembling, to the eye, an ovarian cyst; and the contracted state of them, making the abdomen hard, is well calculated to deceive us on palpation. Were the patient anæsthetized the spasm would be considerably lessened; but as she is, as soon as the hand touches the skin it serves as a direct stimulus to contract the muscles.

There is another thing to be taken into consideration in this case, and that is the fact that she is an opium eater, rendering her abnormally sensitive.

Rupture of the Perineum.

B. T., aged 30, married; has two children, the youngest eight years of age. Since the birth of her child has been sterile, and for the past three years and a half has been sick. At first she complained of pain in the lower part of the abdomen, with a burning feeling in the side and thighs. She is now suffering from much the same set of symptoms, and menstruates every two or three weeks. She complains also of pain in the region of the bladder, as she gives us to understand. I can venture to say that the vast majority of the patients you will see will be typified by the case before us.

Vaginal Examination.—As the finger passes into the vagina, the ostium vagina is found open at the lower part, from rupture of the perineum. The cervix is ruptured on each side, but the vagina does not rub on the raw surface of it, as there is no eversion. The vagina itself is too voluminous, from the fact that is has not undergone involution, as I believe. You will find this concatenation of four symptoms over and over again. They are: *Rupture of perineum*, *sub-involution of vagina*, *laceration of cervix*, and *sub-involution of uterus*.

A German observer holds that this state is the result of a puerperal inflammation. We ask her, and find that she got up on the fourth day after her confinement. If she had a puerperal inflammation she could not have done this. Not only does the experience of this patient prove the falsity of that view, but you will see yourselves, as I see, that patients with this condition could not possibly have any puerperal complication, from the history of their cases. Again, you will find that cases of puerperal metritis will in six months show no sign of disease. As I said before, I consider it nothing more or less than an arrest of involution of uterus and vagina. The uterus is not only enlarged, but inclined a little forward. This gave rise to an opinion that she had a fibroid, for which the cervix was dilated. This was very proper, and gives us the assurance that we are correct in the diagnosis.

Treatment.—As I have mentioned in previous cases, we cannot cure, though we may relieve. Possibly she may become pregnant again, and if so, the organs will get another chance to undergo involution. Ergot is the best remedy, and this is to be kept up continuously. The perineum should be closed, and an anteversion pessary fitted in so as to support the bladder, and keep its weight from pressing on the bladder. As I said, these will form the most important means to improve the case before us.

February 13th, 1874.

Subinvolution of the Uterus.

GENTLEMEN:—I show to-day a case typical of its class, and one which you shall see a good deal of in practice, and it is well, not only for the patient's sake, but for your own sake, that you be well informed on it. The patient is a German, and we shall have to get her history from her husband, who accompanies her.

Mrs. N., aged twenty-four; married three years. Has one child two years old, and since that time has been ailing of pain in the womb. Was perfectly healthy before delivery, but at her delivery had a severe time.

It is the old story that we meet with so often. Disease beginning with parturition. She menstruates too freely, and cannot attend to household duties. Has also leucorrhœa.

Vaginal Examination.—When patient is first placed on the back, the vagina, instead of being closed, allows easily the introduction of two fingers. When the index finger is carried in, it encounters at the distance of one phalanx the uterus, and when pressure is made on it considerable pain is noticed. When she is turned on her side and Sims' speculum introduced, we find the internal measurement of the uterus an inch longer than it should be. Leucorrhœal matter pours away from the os. The first and most important question is, what is the matter? At a consultation different positions might be taken, and each one backed up by standard authorities, for uterine pathology has not yet reached that point of perfection where any one view is acknowledged. Bennet, of London, would say here we have chronic metritis. But are you too to hold the same view? It is true the organ is large and tender, but I think you would not be justified in Dr. Bennet's view. Grailly Hewitt would say here we have displacement, and the whole of the trouble is due to this displacement. Ergo, displacement is the cause. Tilt says the starting point is the ovaries. When we examine the ovaries, sure enough we find them enlarged. Others say that it is simply a case of endometritis, and that the enlargement and displacement is to be attributed to the primary endometritis.

Chronic metritis scarcely exists, and if it does it is rare. Some years ago, Hodge, of Philadelphia, recognized that it was not a true inflammation, and considered it to be nervous. He called it the irritable uterus. The view that I hold myself is that it is a case of subinvolution. Before the uterus had passed through the stage of involution, the patient was on her feet and attending to her work. The heavy organ sank down in the pelvis. Some of the ligaments contain the same histological elements as the uterus, and as they also had not undergone the process of involution, they were put on the stretch and yielded. The perineum is gone, and the vagina,

as a consequence, is in the same condition as the uterus itself. Thus the organ has barely any of its supports in a normal state. The view I give you is my own idea.

In respect to the prognosis, I do not think that the patient will be ever completely cured, though she can have many of the symptoms improved. Did she come to your office and you say that you could not cure her, you could hardly blame her if she did not make you another visit. What you can and should say to her is that you think she can be considerably benefited.

Treatment. Every man will pursue the course of treatment which agrees with his theory of the disease. The main indication, however, is to put the uterus in its place and keep it so. You may ask, then, do I not agree with Grailly Hewitt? No, I do not, any more than I should say that a case of fracture of a bone was a displacement. But to continue. I should first commence by giving her a cathartic, and forty-eight hours after try reduction. If a pessary is applied now the chances are that much pain will be caused. So much so, indeed, that it will be impossible to retain it. For this reason she is to be confined to her bed for a week or ten days, and when the uterus is reduced, a tampon of cotton is to be placed around the cervix, sufficient in amount to retain it in position. At the expiration of the time enough of the engorgement will be relieved to allow the introduction of a pessary. Half a teaspoonful of the fluid extract of ergot is to be given, night and morning, to assist in bringing the organ to its natural condition. This may be kept up for months, or years, for that matter. It not only gives tone to the organ, but by stimulating the contractility, it forces out the excess of blood.

Vaginal injections of warm water, night and morning, will also be found of service as an aid.

In these cases the mucous membrane of the uterus undergoes a fungoid condition, which Dr. Barnes wrongfully calls a cystic endometritis. An excellent treatment for this is to curette the lining membrane with a wire curette. Any of you can make this instrument by taking a piece of iron or copper wire, and bending it into a loop. And further, you may apply, by means of a probe tipped with cotton wool, the compound tincture of iodine to the cavity.

Will all this treatment cure the case? I did not promise a cure when I started out. But what I promised to do was to relieve the symptoms, and this line of treatment will do that. The case is eminently one for hospital, and in three months, if she consents to enter, I think she will be very much benefited.

Pregnancy—Its Effect on the Mind.

M. K., aged 25, unmarried; has not menstruated for the past ten months, and latterly has detected an enlargement of the abdomen. Has had leucorrhœa. I will run rapidly over this case and give you the results of the treatment. The patient has no suspicion of the true state of affairs. When the abdomen is examined, a distinct tumor is made out, dull on percussion, and with a very small amount of fluctuation. In making an examination, Rœderer's method is the one to pursue. It consists in pushing steadily down with each expiration, and when the patient inspires, retain the advantages thus obtained. Thus step by step go down and down, till we can reach the aorta, if there is no tumor intervening. Tympanites gives us frequently a condition that is hard to tell from a tumor proper. So much so, indeed, that Segars, in one of his first ovariotomy cases, mistook it for an ovarian tumor. The tumor before us, however, gives us a dull note. It has not the fluctuation of ascites, and when the hands are kept on it for a few moments we get distinct movement.

Examined by the vagina, the cervix is soft, and there is felt also a hard round body that moves about (the patient at this time left the theatre). The breasts also show the characteristic signs.

There can be no doubt in the world of the pregnancy of this girl. Her mistress brings her here to get an opinion. When the matter is mentioned to her, of course, she will deny the possibility of such a thing. It is astonishing how assiduously girls in this way will deny the truth. I recollect once the case of a patient in hospital, who insisted that she was not with child, even when the baby was born and lying between her legs. I said to her, if what you say is true, how came this child here. Why, says she, you put it there. If I put it here, I surely did not put the afterbirth into your womb, but even there she held out. The fact of the matter is, that the mind is in a morbid state, and the patient is really not responsible. If they were to be stricken dead they would deny it to the last. An unfortunate case of this kind once happened, that proves the truth of my assertion. A girl had an abdominal tumor, on which there was a doubt whether or not it was a gravid uterus. Just before the operation, the surgeon said to her, if what you have told me is not true, this will undoubtedly kill you. She said she told the truth. An incision was made and the trocar pushed into the tumor, a gush of blood came out, and what was his consternation when he put his finger into the opening, to find a fœtus.

The best plan is to explain to the woman that every means will be taken to hide her disgrace, that she can be provided with a place in hospital, and possibly she may let us into her confidence. We will try this plan with the patient who has just left us, and hope she will appreciate it.

—M. Onimus says ataxic patients write as they walk, their writing presenting the same irregularity and jerky abruptness. The letters are not rounded, the a's and o's being but straight lines; whilst others have undefined terminations, as the q's and p's. At a more advanced stage, the pen leans so heavily on the paper as to perforate it. Therefore, ataxic patients only use pencils.

Editorial Department.

Periscope.

The Study of Epidemics.

At a late meeting of the Epidemiological Society of London, reported in the *Lancet*, Inspector General Robert Lawson, F. R. C. S., read a paper on Errors in the Usual Method of Investigating the Causes of Epidemics:—

The divergence of view among epidemiologists as to the causes of certain diseases which spread widely from time to time is attributed to faulty methods of investigation, to error in the estimate of some of the data, or in the reasoning based upon them. The application of the inductive method to epidemiological inquiries is the only clue to lead through the chaos of opinion that obscures many of the subjects of it. Investigation as to the causation of disease involves fewer constants and a greater number of variables than similar operations in physical science; hence a stricter adherence to the inductive method is necessary. Probabilities and possibilities, without the basis of certainty, should not be set forth as well-established truths. A certain combination of antecedents is made into a hypothetical cause of disease; as often as the disease is observed to follow upon such a combination, positive evidence of the hypothesis is claimed; but should the disease not follow such a combination in some instance, this is looked upon as a negative evidence, and considered as of less value. But the hypothesis may have omitted some essential factor, or have included some non-essential; what these are may be elicited by comparing the antecedents both in the positive and negative instances. The one is not less important than the other, and cannot be neglected if scientific accuracy is desired. Some general epidemic cause for the spread of a disease so contagious as small-pox, beyond the introduction of the virus, is indicated by the facts of the late epidemic of it in England, as well as by those of Indian experience. The virus of small-pox can never be entirely absent from London, yet epidemics of it only occur about once in four years. The presence of some factor of occasional operation is, therefore, concerned in their development. The mortality from small-pox in London began to increase in the third quarter of 1870, and attained its maximum in the second quarter of 1871. At the same time, the deaths from this disease began to increase in England generally, and in Scotland. There was a severe epidemic of it in Holland in the latter part of 1870. Brussels, Berlin, Vienna, and other parts of Germany and France, suffered severely at the same time. Philadelphia and New York were affected in the course of 1871. Effects so extensively diffused can only be attributed to causes of equally extensive operation. It may be objected to such an "epidemic cause" that every place within its sphere of operation should manifest its influence; but we are not justified in attempting to fix the limits or mode of the operations of nature by *à priori* reasoning, but must try to arrive at a just conception of these from the phenomena present. In England, during this epidemic, many places showed almost an entire immunity from small-pox, though the "epidemic constitution" must have embraced the whole; this feature is observed in every epidemic and in every country, and must, therefore, be accepted as the true mode in which such a general cause operates. In inquiring into the causation of certain diseases, it becomes necessary to determine whether they were introduced from elsewhere, or arose from the action of causes at the place where they appeared. This is to be effected by eliminating the influence of all local causes.

The Value of Guarana in Chronic Rheumatism.

Dr. Edward A. Rawson, Assistant Surgeon to the Carlow Infirmary, writes to the *Irish Hospital Gazette*, April 15th:—

Suffering severely from lumbago, and finding all vaunted remedies fail, I tried guarana as an experiment. I took fifteen grains blended with hot water, and added cream and sugar. For twenty-four hours afterwards I had a delightful relief from pain. I thought it must be a coincidence; but, on a return of the lumbago, took another dose in the same manner and with a similar result. I gradually increased the dose to forty grains, and took it regularly, once a day, for about a week. The lumbago disappeared. I gave up the guarana, and in a few days the pain in the back returned. A forty grain dose removed it, and it did not return for several days afterwards. Now, whenever it does, I have my remedy at hand. During the last month I have experimented largely with guarana on a variety of patients, rich and poor. The results vary. When the pain is acute, coming on with sharp stings, guarana acts like magic; when it is of a dull, aching character, the drug is slower in its action, and several doses must be taken before any decided benefit can be perceived.

I have come to the following conclusion, viz., that whenever the fibrous envelopes of nerves, the aponeurotic sheath of muscles, the fasciæ or tendons are the parts affected, guarana gives, if not instantaneous, at least very immediate relief, which will last from twelve to twenty-four hours; and I confidently expect that perseverance in the use of the drug, gradually increasing the dose up to forty grains, will entirely remove any of the above mentioned kinds of rheumatism.

Of the good effects of guarana on nervous hemicrania there is no doubt; and I trust it will prove, in other hands, as valuable against rheumatism as it has in mine.

I find guarana was examined by Martius, in 1829, and by Gravelle, in 1840. According to them "it stimulates, and at the same time soothes, the gastric system of nerves, and reduces the excited sensibility of the cœliac plexus, thereby diminishing febrile action, and strengthening the stomach and intestines, particularly restraining any excessive mucous discharges; at the same time increasing the action of the heart and arteries, and promoting diaphoresis."

Rheumatism of the Tendons.

Dr. M. Peter, of the Hospital St. Antoine, had the following case, reported in the *Lancet*:—

The patient, aged thirty-five, had been suffering for a few days from pain in the situation of the joints of the knees and ankles. No swelling or redness was to be observed in the painful situations; no general symptoms of rheumatism; no fever. The pain was developed when the finger was moved carefully along the head of the fibula, on the tibia, in the situation of the aponeurotic expansion of the tendons, and behind the malleoli. Movements of the articulations were painful, through the straining exerted on the inflamed tendons.

M. Peter has often observed such cases of rheumatic inflammation of the tendons and serous bursæ, unconnected with gonorrhœa The pain is to be sought after, not with the hand, but with the finger, carefully exerting pressure on the situation of the tendons and bursæ, for example, behind the ankles, between the biceps and head of the fibula, above the aponeurotic expansion of the knee, behind the calcaneum and the olecranon, in front of the patella, in the situation of the great trochanter, etc. The disease is really an extenuated form of rheumatism, and constitutes rheumatic synovitis. It rarely presents cardiac complications. It is seldom accompanied by any great fever, though sometimes the fever may be somewhat high, and the evening temperature may rise to 39° or 40° Cent. There may be slight œdema or not in the situation of the inflamed tendons. Likewise the surface may be discolored or not It is much milder than articular rheumatism, and does not require any energetic treatment.

Vomiting Arising from Constipation.

The following instructive case is reported from St. George's Hospital, in the *Lancet*, by Dr. Ogle:—

The patient was a young girl, Eliza B——, somewhat hysterical, who had originally been admitted into the surgical wards, but was transferred to Dr. Ogle, who found great pain over the whole of the abdomen and much constipation to accompany the vomiting and hemorrhage; but the state of the pulse, condition of breathing and of the skin, and also the temperature, were averse to any supposition of the existence of inflammation. Under the use of purgatives (calomel and jalapine) and small doses of sulphate of magnesia, with enemata and suitable mild diet. all symptoms by degrees disappeared, the pain being greatly relieved by hot spongio-piline, saturated with laudanum, applied to the abdomen, and the vomiting by hydrocyanic-acid draughts. The amount of alvine evacuation which was thus expelled, under the use of the aperients, was immense, and this abundant relief went on from time to time for two or three weeks, even when she was taking but little solid food, indicating the degree to which fæcal accumulation had been going on. Under the subsequent use of valerian, with steel and quinine, and the use of the cold shower-bath, the patient perfectly recovered.

On Glossitis.

Thirty or forty years ago there was an epidemic of glossitis, commonly called "black tongue," in certain counties of Ohio. Lately a number of cases have been reported in England and Ireland. We quote one as described by Mr. J. Keogh in the *Medical Press and Circular*:—

John Maugan, laborer, æt. fifty, hitherto a healthy man, was attacked with glossitis on the evening of the 1st inst. I was called to see him on the fourth day afterwards, when his friends, he could not speak intelligibly himself, gave as the history of his present attack, that at the time above mentioned, while at supper, he was suddenly seized with pain in his tongue, and had to leave off eating, and that for the following days he could not take any solid food into his mouth nor sleep at night.

On the occasion of my visit I found him sitting at the fire, mouth wide open, tongue protruding and very much swollen, with much salivation. On examination I found it greatly congested and very hard, and when he would attempt to put it out further the point would be directed to the left side, and, besides, the left half was manifestly more conjested. The sublingual tissues, also, were in a similar state.

Externally the angle of each jaw was much swelled. I made several deep incisions on the under surface of the tongue, on each side of the raphe, and also into the sublingual tissues, which conveyed the sensation as if I had been cutting through cartilage. I then got him to keep gargling the mouth with water as hot as he could bear, so that there came away a good quantity of blood, and before I left he expressed himself as greatly relieved. Saw him again on the 7th, and made a few more incisions, as before, on account of some thickening that remained in the parts; but he was in every other respect much improved. and could take food. I finally saw him on the 12th, when he was able to pursue his usual labor. No other treatment was used in the case than as stated above, except the addition of some warm poultices externally. It was one of pure idiopathic glossitis.

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D. G. BRINTON, M. D., Editor.

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ON STANDARD ELIXIRS.

At the Twenty-first Annual Meeting of the American Pharmaceutical Association, held in the City of Richmond, Va., in September last, a Report on Formulas for Elixirs was read, and the following resolution was then adopted:—

"*Resolved*, That this report be adopted, with the recommendation that these formulas be used by the members of the Association, and that the Secretary be instructed to send a printed copy of this report to the medical societies of the Union, with the suggestion that physicians, if prescribing elixirs at all, prescribe only such formulas as have been adopted by this Association."

It is to be hoped that the appeal thus made to the physicians of the United States will not be disregarded. The interests of the medical, as well as the pharmaceutical, profession are at stake in this matter, and they should act in unison. In that portion of the Report which precedes the formulas the committee make some further suggestions to physicians which merit the most attentive consideration. They are as follows:—

"We doubt very much that the elixirs of any age ever partook more of the character of nostrums than those of the present day, and were it not for the fact that we are conscious that all trades, professions, and classes of men have their follies, we would express horror at the pharmaceutical folly, as manifested in the modern elixirs; nor is there anything which reminds us more of the "Mithridate" of old, or the "Theriaca" of mediæval times, than the class of pharmaceuticals known as elixirs.

"It is advisable that physicians should abandon the popular habit of ordering A., B., and C.'s elixirs, particularly if they are proprietary, and the formulas withheld from pharmacists and physicians, which, as a rule, is unjust to the dispensing pharmacist, who is, in most cases, fully as competent to make the compounds *secundum artem* as is the special elixir manufacturer. The manufacture of preparations for, and the compounding of, physicians' prescriptions, should be an open competition, intrusted only to thoroughly qualified pharmacists. If this be granted, it is then unfair for the physician to command the pharmacist of one city to employ

a pharmacist in a distant city to prepare the remedies for his prescriptions, except in very remarkable cases. It is further suggested, that physicians use the simple elixir or red elixir, and extemporize with them such remedies and in such proportions as the individual cases may indicate, regardless of the beautiful appearance of the preparations, whether or not they be *solution* or *mixture*. The pleasant taste and odor of the simple elixir qualifies it pre-eminently as a vehicle for the administration of quinia, strychnia, iron, bismuth, pepsin, etc., as also any of the solid and fluid extracts."

That this excellent suggestion may receive the widest possible attention, we here reproduce the formula for the simple elixir and the red elixir referred to:—

SIMPLE ELIXIR.

Take of spirit of orange.....½ fluid ounce.
stronger alcohol.....4 fluid ounces.
cinnamon water.....6 fluid ounces.
syrup.....6 fluid ounces.
Mix.

This is a turbid mixture. For many purposes it is not necessary to filter before using, but generally it should be clear, particularly when used for physicians' prescriptions, and in making some elixirs. Filtering-paper pulp, made by beating scraps of chemically pure filtering paper in a mortar, in the proportion of sixty grains of paper to half a fluid ounce of water, added to sixteen fluid ounces of the elixir, agitated briskly for a few moments, and filtered, renders the elixir perfectly limpid. The paper is free from the chemical objections urged against carbonate of magnesium, chalk, etc., which are frequently used as clarifying agents.

The very pleasant taste and odor of this elixir, its freedom from color and chemical impurities, commend it for general use as a medicating vehicle.

RED ELIXIR.

Take of comp. tinct. of cochineal..½ fluid ounce.
simple elixir.....16 fluid ounces.
Mix.

This is sometimes preferred as a simple elixir, because of its beautiful color.

The compound tincture of cochineal is made by warming 120 grains of compound cochineal powder in two ounces of diluted alcohol, and filtering. The processes and full working formulas of all these preparations will be republished in the July number of the *Half-Yearly Compendium of Medical Science*.

At present we are more anxious to call attention to the aid which the medical profession ought to give the Pharmaceutical Association in its attempt to do away with proprietary combinations. There is little use of talking of ethics unless we bring it to bear on a question of this kind.

Notes and Comments.

Therapeutical Notes.

BELLADONNA IN SYPHILITIC NERVOUS MANIFESTATIONS.

Dr. Geo. Thompson, of the Bristol Asylum, England, mentions the case of a girl, who, through hereditary syphilis, was the subject of paroxysms of excitement, lasting over several days and nights at a time. The more common sedatives had no effect. Remembering the treatment adopted by his former teacher, Mr. Pridgin Teale, in all cases of hereditary syphilis, whatever form the symptoms had assumed, he gave her twenty minim doses of tincture of belladonna, which had the effect of cutting short the then existing attack, and, by continuing the treatment, subsequent ones were at first lessened in severity, and then apparently warded off altogether. After discontinuing the treatment, the good effect of the former administration wore off, but at any time three doses of the drug, in the same amount, given in successive hours, relieved the excitement.

GELSEMINUM IN CALCULUS.

Dr. A. Shamblin writes to the Atlanta *Medical and Surgical Journal* that he has been quite successful in the removal of small calculi from the bladder by the use of gelseminum sempervirens, which he exhibits in powder. He states that one of his cases, in the four years past, has voided, in all, *seventeen* stones from his bladder, of varying size.

Dr. Shamblin employs copious diluent drinks with stimulating diuretics for twelve to fifteen hours, and then directing his patient to retain the urine as long as possible, he administers the powdered gelseminum every two hours until general relaxation occurs, when the patient is placed in the knee-elbow position and directed to void his urine forcibly. His success, in repeated cases, by this method, has been gratifying.

The Guaiacum Test for Blood in Urine.

The following very simple test for blood in urine is given by Professor Almen:—A few cubic centimeters of tincture of guaiacum are mixed with an equal volume of oil of turpentine, in a test tube, and shaken until an emulsion is formed. The urine to be tested is then carefully added, so that it may sink to the bottom. When the emulsion and urine come into contact the guaiacum resin separates, and falls as a fine white, dirty yellow, or green precipitate. If blood is present in the urine, the resin will have a more or less intense blue color, often almost indigo. In normal urine, or that containing albumen or pus, this blue color does not appear, and thus proves the absence of blood.

Does the Blood of the Mother Circulate in the Placenta?

M. Delore answers this question in the affirmative. In a paper read by him before the Biological Society, of Paris, he states that the placenta presents to the naked eye:—1. A circular sinus, or, in default of this, orifices like lattice-work; 2. Vascular orifices situated on the surface, or at the periphery; 3. Peripheric or central lacunar sinuses. Under the microscope, it shows an epithelium in the circular sinus.

M. Delore concludes that the placenta is situated on the passage of the uterine sinuses, and that it is, therefore, nothing but a venous sinus penetrated by villosities. He is supported in his views by the following observations and proofs.

1. An injection made by the circular sinus penetrates the whole of the placenta, and the same thing takes place if an injection be made by the umbilical vessels.

2. The placenta of the still-born infant, of which the blood has lost the coloring matter, shows recent clots in its interior.

3. All the collected sections of the placenta show villosities in contact with blood-corpuscles.

4. The presence of the vascular epithelium in the placental sinuses is a further proof that blood passes through them.

How to Avoid Colds.

An editorial on catching cold, in the British *Medical Journal*, concludes:—

The practical considerations which are the outcomes of this review of the pathology of cold are these: Never to wear wet clothes after active muscular exertion has ceased, but to change them at once; to meet the loss of the body heat by warm fluids and dry clothes; to avoid long sustained loss of heat which is not met by increased production of heat; to increase the tonicity of the vessels of the skin by cold baths, etc., so educating them to contract readily on exposure, by a partial adoption, indeed, of the "hardening" plan; to avoid too warm and debilitating rooms and temperatures; to take especial care against too great loss of heat when the skin is glowing; and to prevent the inspiration of cold air by the mouth by some protecting agent, as a respirator. We can readily understand how a respirator should be an effective protection against winter bronchitis in those so disposed.

The Manufacture of Bromine in the U. S.

Mr. Garrigues, in a paper read before the American Pharmaceutical Association on "the Statistics of American Bromine Production," stated that about one hundred and thirty thousand pounds were annually manufactured, and still more could be thrown on the market if necessary. The yield of bromine is about one pound from thirteen bushels of salt. It is obtained almost exclusively in the Ohio and Kanawha valleys, the mines at East Saginaw not being sufficiently impregnated with bromine compounds to render the working of them profitable.

Bromide of Potassium as a Prophylactic to Mercurial Ptyalism.

Dr. M. E. Dozier says, in the *Journal of Materia Medica*, that experience with the Bromide of Potassium has induced him to abandon the chlorate of potash almost entirely, as the Bromide answers the purpose more satisfactorily. The latter not only relieves the irritating effects upon the mucous surfaces, but, in addition, induces soothing and quieting effects, which, certainly, are much to be desired.

Painless Extirpation of Laryngeal Tumors.

In a pamphlet, entitled, "Ueber ein Neues, gefahrloses Verfahren zur Entfernung von Kehlkopfgeschwülsten," by Dr. Friedrich Filber, of Vienna (published by Karl Czermak, Wien), the author calls attention to the value of electrolysis as a means of dispersing tumors in the larynx. The operation is painless, requires no preparation on the part of the patient, is rapid, and not followed by any general reaction of the part or system.

California Opium.

Mr. John M. Maisch, of this city, has examined some specimens of California opium, and reports that it is nearly the strength of opium as directed by the pharmacopœia. The high price of labor in California, it may be supposed, renders the cultivation of the poppy solely for the production of opium unprofitable; but the seeds contain a large percentage of a bland fixed oil, and after its expression are valuable as feed for cattle; poppy culture may, therefore, notwithstanding the drawback of high wages, not prove unprofitable.

The opium received was more homogeneous in texture than Smyrna opium, of a good strong narcotic odor, and unexceptionable in its physical properties.

Ethiops Mineral in Cholera.

Although in various quarters the recommendation of Dr. Socrates Cadet, of Rome, to use ethiops mineral as a preventive and curative in cholera, has been treated with derision (by the editors of the Pacific *Medical Journal* and the *Medical Press and Circular* for example), he seems determined not to be discouraged. We have just received from him another pamphlet, entitled "Intorno l'Efficacia particolarmente anticolerica del Solfuro Nero di Mercurio," recounting new experiences with it in last summer's epidemic. A careful perusal of this pamphlet leads us to hope earnestly that his suggestion will not be neglected, as his facts seem well supported and conclusive. We may say that the preparation he recommends is made by triturating thoroughly equal parts of washed sulphur and metallic mercury to an impalpable powder. Of this, three grains a day is recommended as a preventive dose, and twenty-four grains an hour as a curative dose for an adult.

The Coagulability of Serum and Albumen.

Messrs. Mathieu and Urbane assert that if the gases dissolved in the serum of the blood are completely removed, an albuminous liquid is obtained, which does not coagulate even at a temperature of 212°. The same fact was found to hold good with egg albumen when the gases were removed therefrom by suitable pneumatic apparatus. Further investigation demonstrated the fact that the greater portion of this gas consists of carbonic acid, and that it is really to the presence of this that the property of coagulation is to be ascribed. It was found to be possible, furthermore, to restore the property of coagulating by heat to albumen thus treated, by simply introducing into it a sufficient quantity of carbonic acid.

A New Reaction of Alcohol.

The discovery of alcohol in organic liquids is often of great difficulty, owing to the small quantity of liquid which the chemist has at his disposal, and the absence of any distinguishing test. We owe to M. Berthelot an obvious and characteristic reaction.

In the presence of cold or lukewarm water benzoic chloride ($C_{14}H_5ClO_2$) is only decomposed with extreme slowness, but, on adding alcohol to the liquid, benzoic ether is immediately formed, and is thrown down in excess. The presence of this ether becomes apparent if a few drops of the liquor are heated with a solution of caustic potash; the chloride only is decomposed, while the ether remains unaffected. This reaction is very evident with a liquid containing one per cent. of alcohol, and allows us to dispense with distillation.

Telluric Agency in Disease.

Our friend Dr. Knapp, of Mexico, looks to the stars for the controlling source of epidemics, and seeks in the conjunction of the planetary bodies the explanation of the periodical devastations of pestilence. On the other hand, Dr. Duff Child, of Kentucky, in an article he has sent us on "Igneous Agency in the Production of Disease," believes he has found in the underlying Plutonic rocks, and in the action of the internal fires of our globe, the explanation of the spread of cholera and yellow fever. Perhaps each observer has more than a grain of truth, and an exhaustive statement of the laws of epidemics would exclude neither.

Correspondence.

A Fourteen Pound Baby.

Ed. Med. and Surg. Reporter.

In the case I am about to report my patient was a strong, healthy, Irish woman, aged twenty-eight years, of medium size, the mother of four healthy children, all large at birth. The labor began at two o'clock A. M., with nothing abnormal noticeable excepting the great size of the abdomen. At half-past eight o'clock, A. M., the os was completely dilated. At twelve o'clock, M., the membranes protruded at the vulvar orifice, and were ruptured. About three quarts of liquor amnii escaped. From

this time until the etherization, preparatory to extracting the fœtus with forceps, which was done at five o'clock, P. M., there was continuous pain of a grinding character, interrupted only by paroxysms of intense agony. The patient became despondent, wept, and begged that her sufferings might be terminated. The walls of the uterus were so very thin that the form of the fœtal feet, implanted on its internal surface, could be traced, almost perfectly, on the external abdominal walls. The administration of ergot was considered and abandoned, because it was thought that the thin expanded uterus had not sufficient power to expel the fœtus, and its rupture would, in all probability, be the result. At five o'clock, P. M., the forceps were applied to the head, which was still above the superior strait, the fœtus lying in the occipito-iliac right anterior position. The mother's parts were dilatable, and no laceration occurred, although great traction was necessary. The congested, purple appearance of the parts around the vulva was remarkable.

At no time during the labor could fœtal pulsation be heard, either anteriorly or posteriorly, but that the fœtus was alive until within twenty minutes of the time of its birth was demonstrated by its frequent movements. When extracted, it was without life, and although every known means was employed, it could not be resuscitated.

That there should have been difficulty in the labor was not surprising, for the child weighed fourteen pounds avoirdupois, heavy weight at that, and without clothing.

Its length was	23	inches.
Circumference around hips	15½	do
Diameter between the hips	7	do
Bis-acromial circumference	21	do
Bis-acromial diameter	8	do
Occipito-mental diameter	6¾	do
Occipito-frontal diameter	6	do
Bi-parietal diameter	4¾	do
Bi-temporal diameter	4¼	do
Trachelo-bregmatic diameter	5	do
Fronto-mental diameter	4¼	do

The bones of the head were so thoroughly ossified that sutures or fontanels could not be felt. Neither the cause of this, nor the extraordinary size of the child, could be referred to a longer than usual term of pregnancy, as the mother, an intelligent woman, states that labor came on only two days after the expiration of her full term. She recovered rapidly.

Philadelphia. A. V. Scott, A. B.

Administration of Cod Liver Oil.

Ed. Med. and Surg. Reporter:—

Will you allow me to add, in the Reporter, one more to the many formulæ for the administration of that excellent remedy, cod liver oil. Why have so many physicians become skeptical about the virtue of cod oil? Why so many say they place no confidence in it? Because they do not properly prescribe it. It must be emulsified before administration, to produce its legitimate effect. Indeed, I believe if it is not emulsified before it is taken into the stomach, that in very many instances it is not at all.

Is it not a noticeable fact that phthisical patients, aye, even individuals with a hereditary, or latent tendency towards tubercular disease, almost entirely eschew fats, discard them from their diet table? Are they not intensely averse to castor oil as a cathartic? Do we not see people dying of consumption, and ask, "Have you thoroughly tried the oil?" and they make doleful answer, "Yes," so many bottles. Perhaps a dozen, without apparent benefit. Clear, unemulsified, unassimilated oil. Almost as well to have poured it in their boot-leg for digestion and nutrition. And is there cause for this? We probably all accept as true the assertion of physiologists, that one of the chief functions of the pancreatic juice is to emulsify fats. Can the pancreas be at fault? If it is, aid it.

I think it is Headland, in his essay on the action of medicines, than which there is no better, who claims ether to be a pancreatic stimulant. We might say, with delightful Capt. Cuttle, when read make a note of, for we believe Headland to tell very few idle tales:—

℞	Cod liver oil,	fl.℥ix
	Saccharated pancreatin,	gr.cclxx
	Acid phos. dil.,	fl.℥iv
	Fl. ext. sweet orange peel,	fl.℥ss
Or,		
℞	Cod liver oil,	fl.℥vi
	Saccharated pancreatin,	gr.clxxx
	Muriatic acid,	fl.℥ss
	Fl. ext. sweet orange peel,	fl.℥ss
	Aquæ,	fl.℥xi

Put the pancreatin and acid (and water) into a pint bottle and shake thoroughly, then add the oil and agitate, lastly add the fluid extract. Very thorough agitation, both before and after the addition of the oil, is quite essential.

The latter formula is that of Mr. J. S. Plumb, a pharmacist, of Syracuse, New York, who asseverates that it makes a pretty agreeable mixture. I prefer the former, because of the increase in amount of oil, the substitution of phosphoric for muriatic acid, and the exclusion of a considerable amount of inert water. The emulsions are equally good, and one dessert-spoonful of either is worth a tablespoonful of clear oil. The pancreatin recommended is that of Dr. Wm. Manlius Smith, of Syracuse, an unquestionably reliable article, of which thirty grains, well diffused in an ounce of water, will emulsify one ounce of cod oil.

Apulia, N. Y. F. C. Clarke, M. D.

—The remarkable results obtained by Dr. Oré, the eminent surgeon of Bordeaux, with intravenous injections of chloral in a case of tetanus, have not been borne out in two trials made lately by Dr. Labbé and Dr. Cruveilhier (the son). Both failed.

News and Miscellany.

Medical Society of Pennsylvania.

The Society held its Twenty-fifth Annual Session at Easton, commencing on Wednesday, May 13th, at three o'clock, P. M.

The President, Dr. S. B. Kieffer, of Carlisle, called the meeting to order, when Rev. W. C. Cattell, D.D., President of Lafayette College, led the society in prayer.

Dr. Traill Green, Chairman of the Committee of Arrangements, in welcoming the delegates to Easton, recalled the many pleasant memories connected with the meetings of the society, now twenty-five years old, in the different counties of the State where so much was done to promote the interests of the profession, of good fellowship, and of gentlemanly intercourse, especially in Philadelphia, where the early studies of the members were prosecuted, to which they all returned with great pleasure, and whose medical colleges are a just source of pride and congratulation. In the name of the Medical Society of Northampton county, he said he extended a cordial welcome to the State Society, and hoped that he might be able to repay some of the hospitality and courtesy received at the meetings of the Society in Pittsburg, and the other principal towns of the State which he enumerated. As to the natural beauty of Easton and vicinity, he would say nothing, except "he that hath eyes to see let him see."

He said the Committee of Arrangements hoped to be able to afford the Society an opportunity to visit the College, whose recently erected building is a monument to the benevolence of a man who devotes his wealth to the good of humanity, as do the members of the medical profession. Here also will be seen the facilities for the thorough study of the sciences with which the physician should be conversant, and, hard by, the other building devoted to general classical culture, in which it has been and is the duty and purpose of the medical profession to be thoroughly versed also. After stating the lofty objects of the Society, the Doctor said that these could not be reached without union of effort and purpose. The physician must be in love with his profession, and study not what the profession ought to do for him, but what he can do for the profession. Adam was the first physician, and the profession claims him as its father, as he also was the father of many other good things, though there were no physicians in Paradise, because none were needed. Adam certainly had the first case ever treated by a physician. Pennsylvania may be called the Paradise of physicians, for in no other State are there such noble medical institutions and so eminent men in the profession. If rightly pursued no other profession can reap richer rewards or receive greater approval from the Divine Master, who devoted his life on earth to the alleviation of human misery.

The address was solicited for publication in the annual report of the Society.

Dr. Green then read the programme, which was adopted. The Secretary then called the roll, in all, one hundred and twenty-nine members being present.

On motion of Dr. Stetler, of Philadelphia, the regular order of business was suspended, in order that the Annual Address by the President might be delivered in the evening at Pardee Hall.

Dr. Stetler, of Philadelphia, moved that the regular order be suspended, in order to consider the following amendment to the Constitution, proposed last year by Dr. Atlee, of Lancaster. Adopted.

The section is as follows:

Any member of a county society who is censured, suspended, or expelled, shall have a right to appeal to the censors of the district, provided the said appeal shall be filed within three months after the date of said act of censure, suspension, or expulsion. The decision of the censors shall be final. Three censors shall constitute a quorum.

The amendment is to strike out the word "final" in the above section, inserting "reported to the State Medical Society at its next meeting, for final action."

The matter was discussed by Drs. J. L. Atlee, H. Corson, and others, and finally adopted by a two-thirds vote.

On motion of Dr. Green, Dr. P. D. Keyser, of Philadelphia, was permitted to read an abstract of his paper on operation for cataract, as follows:

During the past six years, 1868 to 1873, inclusive, I have made one hundred and thirty-two extractions of cataract, of which number, sixty were made in the Philadelphia Eye and Ear Infirmary, twenty-three in the Wills' Ophthalmic Hospital, and forty-nine in private practice.

Of the operations performed,

120 were made according to v. Graefe's modified linear method.
3 were made according to Daniels' corneal flap method.
3 were made according to Pagenstecher's method.
3 were made according to Liebreich's method.
3 were made according to Bowman's suction method.

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The ages of the patients ranged from seventeen to eighty-two years.

The acuity of vision obtained was

In 1 case $\frac{15}{XX} = \frac{3}{4}$
In 9 " $\frac{20}{XXX} = \frac{2}{3}$
In 11 " $\frac{20}{XL} = \frac{1}{2}$
In 18 " $\frac{20}{L} = \frac{2}{5}$
In 15 " $\frac{20}{LXX} = \frac{2}{7}$
In 41 " $\frac{20}{C} = \frac{1}{5}$
In 1 " $\frac{15}{C} = \frac{3}{20}$
In 1 " $\frac{10}{LXX} = \frac{1}{7}$

In 17 cases $\frac{20}{CC} = \frac{1}{10}$
In 3 " $\frac{15}{CC} = \frac{3}{40}$
In 1 " $\frac{5}{LXX} = \frac{1}{14}$
In 5 " $\frac{10}{CC} = \frac{1}{20}$
In 5 " closure of the pupil, which can be operated on.
In 4 cases total loss.

Classified according to success of operation with vision, we have :—

Vision to $\frac{1}{10}$th as perfect...	114	cases,	$86\frac{4}{11}$ p. c.
$\frac{1}{10}$ to $\frac{1}{20}$th as moderate.....	9	"	$6\frac{9}{11}$ "
Good success, total.....			$93\frac{2}{11}$ "
Imperfect, some of which may be improved by operation.....	5	"	$3\frac{26}{33}$ "
Complete loss.....	4	"	$3\frac{1}{33}$ "

In four of the cases iridectomy was made six to twelve weeks previous to the extraction of the lens.

Hemorrhage into the anterior chamber occurred in twenty-five cases.

In nineteen cases the lens was removed by a traction instrument.

Escape of vitreous occurred nine times.

Iritis with closure of the pupil took place in nine cases. In two of which iridectomy was made afterward with perfect success, and iridotomy also twice with good results. The instrument used for the iridotomy operation was a modification of d'Wecker's scissors, made by Messrs. Gemrig & Son, of Philadelphia. In both cases a large triangular piece of the iris was easily and readily removed, by which means a good-sized pupil was obtained.

Secondary cataract formed in four cases, which were afterward operated on with good success.

Severe intra-ocular hemorrhage took place in one case, after the extraction of the lens.

Sloughing of the cornea occurred once only.

Irido-choroiditis, with phthisis bulbi, one case.

In one case death took place from acute abscess in the brain, forty-eight hours after a secondary operation for the removal of a band of lymph across the pupil.

Astigmatism was found in fifty-eight cases, after the operation, necessitating the use of cylindrical glasses, the great majority of which came no doubt from the operation causing a change in the curvature of the cornea.

In the operations by Von Graefe's method incisions were made in the sclerotic, beginning at the sclero-corneal junction, and the most of them brought out in the same with a large conjunctival flap, while in others the incision was brought out in the cornea close to its edge. Those brought out in the cornea did not heal so quickly, although equally as well when there was a conjunctival flap.

In many of the cases the upper part of the anterior capsule was removed, after its rupture, as recommended by Knapp. In a few cases, where secondary cataract was feared, the posterior capsule was ruptured and torn aside. Very little if any vitreous was lost, and all healed well, with perfect to one-tenth vision. Care was taken before closing the eye to remove the edges of the incised iris from the corners of the sclerotic wound into the anterior chamber. In some cases, where the pupil was drawn too much upward by the edges of the iris having healed in the sclero-corneal wound, it was relieved by simply cutting the iris loose from its attachments in the cicatrix, by making an incision in the cornea on the line of the former wound, with a lance-shaped iridectomy knife, and introducing the small iridotomy scissors, allowing one branch to pass under and the other over the iris, and snipping it through as close to the cornea as possible. Atropia being put in the eye before and after the operation caused the iris to dilate, and being free, resumed its normal position. This was found a more satisfactory operation than iridectomy; there is less hemorrhage into the anterior chamber, and it gives a better shaped pupil.

Note.—After the report was written and laid before the Philadelphia County Medical Society for the State Medical Society, case No. 119 was, on May 6th, reëxamined, and it was found that her vision had improved $\frac{5}{1xx}$ to $\frac{12}{c} = \frac{1}{8}$ $\frac{\frac{1}{3}d}{}$ and with $\times$ $1\frac{3}{4}$ could read Jäg. 5 readily. By this the percentage of perfect success is increased to $87\frac{4}{33}$ instead, as above, $86\frac{4}{11}$.

The paper was referred for publication.

Dr. S. Caro, a representative from the New York State Medical Society, was received and addressed the Society.

On motion, the Addresses in Surgery, Obstetrics and Medicine were made the first order of business for Thursday.

The President appointed Drs. Stetler, of Philadelphia, H. Corson, of Conshohocken, and E. A. Wood, of Pittsburgh, a committee on unfinished business.

On motion, the report of the Committee from last year, on the Revision of the Censorial Districts, was taken up and read. After some discussion it was adopted. According to this action the State is divided into thirteen districts, each of which has a Censorial Board, to which one member from each County Medical Society is eligible.

Other less important amendments, offered at the last meeting of the Society, were read and adopted without opposition.

On motion of Dr. Green, the Society adjourned to give the County Societies opportunity to select their representatives for the Committee on Nominations.

Wednesday Evening.—The Society assembled in the auditorium of Pardee Hall, at eight o'clock. The hall was well filled with ladies and gentlemen from the College and town. Some of the members of the Society have their wives with them, and they were present also. On the stage sat the former Presidents of the Society, the Vice Presidents, and Dr. Traill Green, who introduced Dr. S. B. Kieffer, of Carlisle, the President of the Society, who delivered the annual address.

After referring to the pleasant recollections connected with these annual gatherings, the cordial good cheer, the professional courtesy, the social amenities, and the beneficial effects of these meetings, pleasantly alluding to the historic interest and natural beauty of Easton, and paying very fine compliments to the beauty, intelligence, and charms of the assembled audience, he said that in view of these surroundings

and presence he would leave the abstract subjects connected with his profession, and turn to the concrete and practical, taking for his theme the comprehensive subject, "Our Profession."

The address was received with great applause, and a motion prevailed to refer it for publication.

Before adjournment the Secretary announced the following committee on nominations:—

Allegheny—Dr. Wood.
Beaver—Dr. Jackson.
Berks—Dr. Weidman.
Blair—Dr. Clark.
Bradford—Dr. Conklin.
Columbia and Montour—Dr. Pursell.
Cumberland—Dr. Mosser.
Clearfield—Dr. Burchfield.
Dauphin—Dr. Orth.
Delaware—Dr. Rowland.
Franklin—Dr. Snively.
Huntingdon—Dr. Shade.
Indiana—Dr. Rutledge.
Lancaster—Dr. Davis.
Luzerne—Dr. Murphy.
Lycoming—Dr. Crawford.
Mercer—Dr. Fulton.
Mifflin—Dr. Hershberger.
Montgomery—Dr. Corson.
Northampton—Dr. Bachman.
Perry—Dr. Swartz.
Philadelphia—Dr. Eshelman.
Schuylkill—Dr. Halsterstadt.
Susquehanna—Dr. Ainey.
Venango—Dr. Richey.
Tioga—Dr. Meine.
York—Dr. Bailey.

SECOND DAY.

Thursday Morning.—The early part of the morning was occupied by the members of the Society in inspecting the College buildings, museums, laboratories, and halls, and in the preliminary meetings of committees.

The Chair called the Society to order in the auditorium of Pardee Hall, at half-past nine o'clock. The minutes of the previous meeting were read and approved.

The first thing was the reading of the Address in Surgery, prepared by Dr. Thomas M. Drysdale, of Philadelphia, now in Europe. Dr. Washington L. Atlee, of Philadelphia, read the report by request.

Dr. Drysdale chose tracheotomy, regarding it equally important to the surgeon and the practitioner, "since it brings back to life one who is suffocating and is at the point of death." Every practitioner should be ready to perform it. It is required for inflammation of the larynx and trachea and its results; spasm of the larynx; abnormal growths in the larynx; paralysis of the larynx, pressure from tumors, aneurisms or abscesses; foreign bodies in the windpipe. He then mentioned, under each head, the diseases or accidents likely to require this operation. He then detailed somewhat minutely the anatomy of the parts involved in the operation. The instruments required were a sharp scalpel with a good point, a blunt pointed bistoury, a director, a tenaculum, a pair of sharp pointed straight scissors, dissecting, torsion and dressing forceps, two blunt hooks or curved spatula, a dilator, a canula adapted to the age of the patient, with tape to secure it, a small sponge probang, a gum elastic bougie of a size which will pass through the canula, a syringe and tube to pass into the trachea, to use if the operator fears to apply his mouth to the wound to suck out the blood from this organ; plasters, sponges, water and towels, also at hand. The dilator should be curved at a right angle, have three branches of equal length, which are grooved on the inside, and should open by pressure.

The canula should be the ordinary double canula with the improved neck plate of Mr. Roger, made so that while the neck plate is fixed the tube is allowed to partially follow the motions of the trachea. An important point is, the canula should be double, that the inner tube may be withdrawn and cleansed without disturbing the outer. The surgeon should have canulæ of various sizes, and use the largest. Anæsthetics should be employed, except where the patient is asphyxiated, and nearly or quite insensible, or in cases of sudden suffocation.

This operation includes laryngotomy, laryngotracheotomy, and tracheotomy. He then described in detail each of these operations. He next considered the difficulties attending the operation. *Hemorrhage.* Use the knife as little as possible, after the first incision, substituting the handle, the director and the fingers. Ligate, if practicable, but if time will not suffice, open the trachea at once, introduce the tube, and if any blood has entered, apply the mouth and suck it out. Of course, this cannot be done where there is contagious disease; here the syringe should be employed; but if it becomes imperative, the operator should not neglect the precaution of Dr. Gross, of "washing out the mouth and throat well, immediately after, with a strong solution of chlorinated soda, or some other disinfecting fluid, for the purpose of promptly neutralizing the poisons contained in the secretions of the parts." Hemorrhage is rarely fatal if the surgeon does not lose his presence of mind. Always complete the operation, however forbidding the aspect of the case. The surgeon may lose the opening, owing to the fact of making it too small, or a convulsive effort may ensue; don't spend much time, but make another. The after treatment requires care. The air should be kept moist. Keep lime constantly slaking near the patient, both for its steam and its dissolvent effect. Attend to the tube, withdraw and cleanse it every two hours at first, or oftener if necessary. Pass a bougie, to cleanse, if necessary, down into the trachea. This causes cough, and matters are thus expelled. A skillful attendant should be the one to look to these matters.

In croup and diphtheria chlorate of potassa should be freely exhibited. He uses a saturated solution, thirty grains to the ounce, a teaspoon-

ful to a tablesponful, according to age, every half hour to every three hours. If the bowels are irritated, add a small quantity of opium, and as the patient progresses, add tincture of iron.

Relief having been secured. the canula may be removed as soon as it can be done without risk. To determine this, stop the end of the tube with the finger, and see if the patient can breathe through the larynx. If so, cork the tube for twenty-four hours. If all goes well, remove the canula and let the wound heal, keeping it clean, and covered with a light dressing. It may, in chronic disease, be necessary to wear the tube for life.

It was referred for publication.

The Address in Obstetrics, prepared by Dr. Wm. B. Atkinson, of Philadelphia, was read in abstract. It gave in detail an account of the progress in gynæcology and obstetrics during the past year. He said post-partum hemorrhage, its treatment and prevention by anticipation, had occupied the attention of the profession both at home and abroad. Many and learned discussions on this subject had occupied the time of the Societies and the pages of the medical journals. The general conclusion seemed to be that it was surely controlled by the injection of perchloride or persulphate of iron, even without dilution, and in the vast majority of cases without injury. A few observers, among them Dr. Snow Beck, insisted that these injections were highly prejudicial. The other subjects reported upon by Dr. Atkinson, were the nipples; nævi materni; aids to labor; the forceps; sources of hemorrhage in placenta prævia; the use of the electro-magnetic current in labor; premature labor; oxytoccic properties of quinia; complication of labor; paralysis of bladder after labor; a comparison of the forceps, turning, and premature labor in contracted pelvis; artificial respiration; suppression of milk; puerperal fever; eclampsia puerperalis; diagnosis of early pregnancy; diagnosis of sex in utero; extra-uterine fœtation; uterine flexions; uterine disease; intra-uterine medication; uterine therapeutics; dilatation of the cervix uteri; uterine fibroids; the cause of retention of urine in fibrous tumor of the uterus; carcinoma uteri; puerperal septicæmia treated by elimination; inversion of the uterus; dysmenorrhœa; the hymen; ovariotomy; relation of faulty water-closet accommodation to diseases of women; maternal influence upon the fœtus; puerperal insanity; position in labor; excessive vomiting of pregnancy; temperature of the sexes an indication of development; chloral hydrate in labor and eclampsia.

The latter subject created much discussion. Prof. Gross, of Philadelphia, while favoring chloral, insisted that the dose must be at least 30 grains, frequently repeated.

Dr. Atkinson also administered it by the rectum when it could not be employed by the mouth.

Dr. Goodell, of Philadelphia, agreed with both gentlemen.

Dr. Hiram Corson, of Montgomery County, took the floor in favor of what is now the unpopular practice of bleeding, in cases of puerperal convulsions, pneumonia, pleurisy, and acute hepatitis.

Dr. Atlee, of Lancaster, said he was an "old fogy" in this respect, and related cases where death would have been the result if the use of the lancet had not been resorted to. He had more faith in bleeding, however unpopular it might be, than in bromide of potassium, opium, or the new compound. chloral.

Prof. Gross, of Philadelphia, took the floor again, and said that he wished it distinctly understood that there is at least one teacher in Philadelphia who recommends and insists on the judicious use of the lancet, and he was glad that Dr. Corson had the courage to get up in this enlightened age to advocate the unpopular method of bleeding. He said that fashion rules us too much, and instead of using our own good, strong. common sense, we put too much confidence in men of reputation, especially across in Europe. The day is coming and now is that our own authorities in this country should be consulted, and when good sense and sound experience should be followed rather than fashion.

Dr. G. D. Bruce, of Pittsburg. referred to the causes of these attacks, and hence they would require different remedies.

Dr. W. L. Atlee, of Philadelphia, quoted a case where he bled almost to death, and was afraid to take more, but the convulsions continued. He then gave an emetic, when up came huge chunks of meat, and she was relieved at once. He believed in the use of large doses, three to four drops of croton oil, repeated to hypercatharsis. He believed the irritation of the alimentary canal was a great cause of this affection.

The discussion, in a similar strain, was continued by Dr. Stites, of Perry county, Dr. Leasure, of Pittsburg, and others.

The President, Dr. Kieffer, concluded the discussion by a summing up as to the importance of fine discrimination in diagnosis, after which the society adjourned.

The afternoon session was held in the chapel of the Reformed Church, and was called to order by the President at 2 P. M.

The Permanent Secretary read the report of the Committee on additional accommodations for deaf mutes in the western portion of the State. They reported success in obtaining an appropriation from the Legislature, that land had been donated, and the prospects were eminently encouraging. The report was signed by Dr. L. Turnbull, of Philadelphia, chairman. It was received and ordered to be entered on the minutes, and the Committee was continued.

The Secretary also read a paper by Dr. L. Turnbull. on the "Education of Deaf Mutes," which was referred for publication.

The writer took the ground that not enough attention in our State was given to teaching them articulation. That there was no special school where a private pupil could be educated, but we had to send our deaf mute children to

New York, Connecticut, or Massachusetts, to receive the advantages of such institutions. He brought evidence of a great change having taken place, not only in the United States, but in Europe, in the method of educating this interesting class. Up to a very few years the system of teaching the deaf and dumb was exclusively by signs, and this was a great improvement over their early sad condition.

In a letter addressed (in 1873) to his colleagues, by M. Léon Vaïsse, late director (principal) of the National Institution for the Deaf and Dumb, at Paris, upon the occasion of his exchanging the laborious duties of that position for the well-earned repose and dignity which he now enjoys under the title of honorary director of the institution,* he observes:—

"In communicating with the deaf, the manual alphabet has the advantage over writing, of a greater degree of convenience, inasmuch as it dispenses with all material aid. The manual alphabet, however, may be advantageously replaced in its turn by the labial alphabet, which is far more useful in the ordinary conditions of life * * * It is these exercises in speech that, more than anything else, can succeed in familiarizing the born deaf-mute with ordinary language, and it is the insufficient practice in them, in the case of too many pupils, that constitutes the weak point of the French system.

"On the special point of the prominence due to articulation in our instruction, I have not succeeded in making you share my convictions. These convictions, however, are of long standing, and are based upon the experience of my personal practice, and upon observation of the movement which of late years has prevailed in so many French and foreign institutions. It is not a question of reviving the old controversy which divided the founders of the French and German schools. The teachers beyond the Rhine have ceased to reject pantomime as the first method of intellectual development of their scholars; while, on the other hand, the Swiss and German institutions are not the only ones in which the practice of speech is made an essential element in the education of the child whom we style deaf mute.

"Among our northern and southern neighbors, in Belgium, Holland, Spain, and Italy, as well as in England and the United States, considerable prominence is now given to this teaching in old institutions which have modified their method by the introduction of this new element, and in more recent establishments, which have sprung up beside certain old ones not disposed to modify the principle of their previous method. In France, thanks to the impulse given by M. Fourcade, of Toulouse, as good results in teaching articulation have been and are now obtained in several of the institutions of the departments as have been reached anywhere."

But now lip reading, or visible speech. is becoming the popular mode, and is another advance in the right direction, so as to fit the deaf mute (no longer dumb) to communicate with society in general.

Reports on meteorology and epidemics were presented from the counties of Philadelphia, Fayette, Lancaster, Tioga, Adams, Mercer, Schuylkill, Chester, Bradford, Berks, Lehigh, Luzerne, Lycoming, and others. These were referred, without reading, to the Committee for Publication, who will use their discretion as to what and how much shall be published in the *Transactions*.

On motion it was agreed that all other county societies shall be permitted to send their reports to the Permanent Secretary in two weeks.

Dr. Benjamin Lee, of Philadelphia, in presenting the report from that county, offered the following:—

Whereas, The interest which at present exists in the scientific world in the question of the comparative merits of cremation and sepulture is, in the opinion of this society, based upon a well founded conviction that the latter mode of disposing of the bodies of the dead has, in various ways, exercised an injurious effect upon the health of the living, and especially by contaminating the sources of their supply of drinking water, therefore,

Resolved, That the several county societies be and are hereby instructed to embody in their next annual reports to this society a detailed account of the location of the burying grounds and cemeteries within their respective limits, as related to the springs, reservoirs, or streams on which the neighboring populations depend for their water supply, including the direction of the water shed and pitch of the geological strata, an estimate of the purity of the water usually employed for drinking purposes, and a statement of the more frequent zymotic diseases, and the extent to which they have prevailed during the present conditions, as compared with previous periods.

The following test for the purity of the water is suggested as both delicate and reliable:—

NESSLER'S SOLUTION FOR DETECTING AMMONIA IN WATER.

Dissolve thirty-five grains of iodide of potassium in ℥iij ℥vj distilled water; to this add a cold concentrated solution of mercuric chloride until the mercuric iodide at first forms, then dissolves by agitation in the solution, and at length produces a very small permanent precipitate.

One hundred grains of caustic potassa are next dissolved in ℥vj ℥ij of distilled water; mix the solutions and add distilled water to make ℥xv ℥v. This added to water containing .03 of a grain of ammonia to the gallon will give a yellow color; a larger amount of ammonia a brownish yellow color.

Dr. McIntire, of Easton, said, while Nessler's reaction is a most delicate and accurate test for ammonium salts, still, much of the animal nitrogen may combine as nitrites or oxydize still more into nitrates, which will not be detected by the reagent. The permanganate of

* American Annals of the Deaf and Dumb. January, 1874.

potassium test will show the presence of organic matter, but does not show whether vegetable or animal. While, therefore, if ammonia is shown the water is not good, we may have water showing no reaction with the Nessler solution, and yet be not fit for use.

Dr. McIntire, Adjunct Professor of Chemistry, remarked upon these tests, and the difficulty of testing water under various circumstances.

The resolution was adopted, and the test referred for publication.

Dr. Allis, of Philadelphia, read a paper upon the "Diagnosis of Obscure Injuries of the Hip."

He stated that in the March number of the Philadelphia *Medical Times* he had called the attention of the profession to the relation the great sacro-sciatic notch bore to the acetabular cavity. That if a pelvis were placed in the position of one lying on his back, the "notch," in the majority of cases, will lie *directly below* the acetabular cavity, and from the conformation of the pelvis it would appear possible, and indeed very probable, that a dislocation in its direction might not be followed with any shortening of the limb when it is compared with its fellow in a line with the axis of the trunk. Now if the limbs are compared at right angles to the trunk, a discrepancy will at once be produced, for the very reason that the head of the bone lies in a new position an inch or more *directly below* its normal bed. (Here he exhibited a drawing of a pelvis.)

The importance of this anatomical feature would appear:—

I. In enabling one to determine positively that his efforts at restoration had been successful.

II. In determining complete intracapsular fractures.

III. In determining severe contusions or incomplete and impacted fractures.

1. The limb cannot be regarded as restored until its measurements *in the axis* of the trunk and *at right angles* to it correspond.

2. In complete fractures, the usual signs are eversion, shortening, and a doubtful crepitus. If in such a case we compare the limbs at right angles to the trunk, while the weight of the sound limb will be sustained by the neck of the femur, the neck of the other being broken, the limb will sink until the trochanteric end shall become arrested by its ligamentous surroundings, and thus produce a shortening, similar in many respects to the preceding case. Now to determine that this is fracture and not dislocation, lift the limb to a level with its fellow, and if a force sufficient to overcome its weight will effect this, and if on letting go again it sinks an inch or more, it may be confidently asserted that it is fracture of the neck, for if it were a dislocation, it would require the strength of one or more strong men to bring the limbs to the same attitude.

3. Incomplete impacted fractures. This he said was a feature of the utmost importance, as this variety of fracture was the only one implicating the joint that was likely to result in bony repair. Rude manipulation in such cases would endanger the impaction and hazard the chances of recovery. Hence he enjoined gentleness, warning against an attempt to obtain crepitus. In such a case, place the patient on a level surface and with no obliquity of the pelvis, notice the *relation the limbs bear to each other*. Then compare them at right angles to the trunk, and if they still sustain the same relation it may be confidently assumed.

a. That the head of the bone is in the acetabular cavity.

b. That no complete fracture is present.

c. That the injury is a severe contusion, or an impacted or incomplete fracture; and the *nature of the injury; sex; age; persistence of pain, and degree of helplessness*, will point out an intelligent and rational course of treatment.

On motion it was referred for publication.

On motion of Dr. Murphy, of Luzerne County, Dr. Davis, of Wilkesbarre, was permitted to read his account of a case of vaginal ovariotomy.

Dr. W. L. Atlee was much interested in the case, and congratulated Dr. Davis on his success.

The paper was referred for publication.

(To be Continued)

Hospital Vacancy.

The directors of the German Hospital, of this city, desire a resident physician for that institution, a gentleman of some experience, conversant with the English and German languages. The salary is from $400 to $600 annually, with lodging and board in the hospital. Applicants should address John D. Lankenau, Esq., 34 South Third street, or Dr. F. H. Gross, 608 North Sixth street, Philadelphia.

—Prof. A. Graham Bell has been lecturing in Boston on his system of "visible speech." He had several pupils with him, and they being out of the hall, he asked his audience to give any word or sound of any language, and he having written the sign for it on a blackboard, a pupil was called in and uttered the sound as represented on the board, though in several cases it was from a foreign language.

MARRIAGES.

DOLD—MACDERMOT.—On the evening of May 12th, 1874, at the residence of the bride's parents, by the Rev. Dr. Kelron, Harry M. Dold, M. D., of Virginia, and Marie Del Carmel Macdermot, of Philadelphia.

LOWRY—SIGLER.—By Rev. J. M. Nourse, Cain, W. Va., April 23d, J. R. Lowry, M. D., and Miss Mattie A. Sigler, both of Ritchie Co., W. Va.

DEATHS.

BOWEN—At his residence, Bridgeport, Conn., Monday, March 23d, Dr. William S. Bowen, aged 60 years

CLOK.—In this city, on the 9th instant, suddenly, Dr. Henry Clok, aged 50 years.

FREEMAN.—In this city, on Monday morning, May 4th, 1874, Dr. A. P. Freeman.

STAPLES.—In Delaware Co., Dr Edward Staples, aged 83 years.

WINTERBOTTOM.—In this city, on the 9th instant, after a painful and lingering illness, Dr. Henry Winterbottom, in the 43d year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

DR. KNAFFL'S UNIVERSAL SPECULUM.

Exhibited before the Knox county (Tenn.) Medical Society, December 19th, 1873, with the following remarks,

BY A. B. TADLOCK, A. M., M. D.

Practical familiarity with the use and requirements, is essential for one to judge correctly of the relative merits of a surgical instrument. Were all physicians who are expected to venture the use of the speculum vaginæ practically competent, any further than the description of this new one and its application would be superfluous; but, since all are not practical gynæcologists, in the introduction of it to the general profession a short resumé or synopsis of the requirements of the instrument which claims precedence appears eminently appropriate. Studying the indications to be met will the better enable one, though he be not an expert, to comprehend the principles of the speculum, and thereby assist him in approximating a correct opinion of the worth of the one in question.

The requirements of the speculum are:—

1. Its application and adjustment should be most convenient and easy, offering the least embarrassment and no pain.

2. Its construction should afford the most ample facilities for changing and readjusting any engaged part or member, without having to withdraw and reintroduce the entire instrument.

3. Its degree of depth and dilatation, as a whole or any of its parts, should be perfectly under the control and will of the operator, to suit the conditions and peculiarities of each individual case; not, however, that command afforded to an unskilled mechanic by the lever-age-screw power.

4. As far as possible, it should be a self-retainer, holding all the attachments necessary for practical purposes, so as to leave the operator's hands free for manipulating, thus supplementing the necessity of assistants.

5. When in situ it should be free from offering serious obstacles, if any at all, to the use of operating instruments, such as the probe, needles, porte-caustique, etc.

The speculum which rightly claims to satisfy most nearly all these indications should certainly receive a cordial welcome and a most impartial consideration from the profession. But before challenging comparison for merit, let us explain its

MECHANISM AND APPLICATION.

It may be described as consisting of two distinct and separable elements. One the double-ring-finger-holder, or manubrium digitorum; the other, that of the phalanges, or fenestral digits.

Two parallel metallic rings, one-fourth of an inch in width and three inches in diameter, each being the exact analogue of the other, slender and light, but essentially substantial, and separated from each other one-eighth of an inch, by four permanent studs, constitute the "manubrium digitorum," which, together with its application, furnishes the idea claimed for novelty. The space between the rings furnishes easy application and adjustment for the digits and extra instruments, or attachments to hold

extra instruments, which may be needed in operating. Also the inner surfaces of the rings being perfectly flat constitute for the digits, as levers, both a *fulcrum* and *weight*, by virtue of which, with the vaginal elasticity acting as the *force*, their fixity, when adjusted, is at once severally secured and firmly held. Yet each one may be very easily disengaged by simply counteracting the vaginal pressure, with the finger of the operator introduced and pressed against the digit. By understanding the principle of the lever in mechanics, it will be easily seen that while the least vaginal dilatation gives sufficient elastic force to retain the digit, greater will enhance its tenacity of attachment. Allowing the inner flat surfaces of the rings to be one-fourth of an inch wide, and the digit four inches long, then, according to the rule, one ounce of force at the terminal extremity of the digit will balance sixteen ounces of weight at the manubrial end, which is several times more than is necessary to retain it in loco. The manubrium itself being held and automatically supported by the same force which retains the digits after the second one has been adjusted and dilatation commenced. Also, there is attached a tenaculum adjuster to the manubrium, which serves to fix and retain the neck of the uterus at any point desirable. And so, indefinitely, if needed, may be added other tenacula, internal and external reflectors, vaginoscope, etc. So much for the "manubrium," which would be as useless without the digits, as the human hand would be without fingers.

FENESTRAL DIGITS.

There are six fenestrated digits, but a lesser or greater number may be used if needed. These are made of flexible wires of sufficient heft and strength, and of different lengths and flexions, so as to be, by selection or bending, accommodated exactly to the anatomical parts to be treated. Each digit represents the wire gradually bent upon itself, with the arms parallel and separated about half an inch, a metallic bridge firmly connecting their free extremities. The oval represents the distal ends of the digits. The other, which is bent at about one inch from the extremity to nearly a right angle, becomes, when inserted between the manubrial rings, the articular extremity.

The following diagrams illustrate the method of construction and application of this speculum:—

Fig. 1.

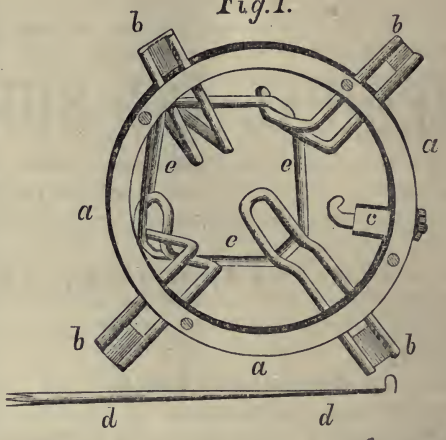

Fig. 1 represents the instrument as if introduced.

aaa. Double ring, or manubrium.

bbbb. Articular extremities of the digits.

c. Tenaculum holder.

dd. Tenaculum (flexible).

eee. Elastic band, representing the vaginal elasticity.

Fig. 2.

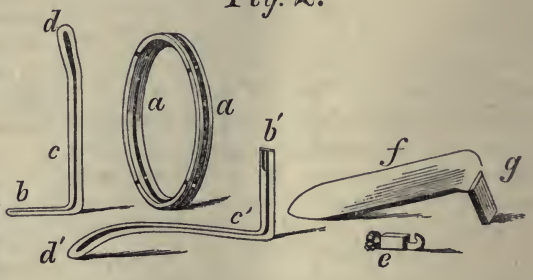

Fig. 11 represents the elementary members of the instrument, detached.

aa. Double ring, or manubrium.

bcd. One of the sub-pubic digits.

b′c′d′. One of the posterior vaginal digits. That part from *c* to *d* and *c′* to *d′* is annealed to render them flexible.

e. Tenaculum holder, applicable to any part of the double ring.

F. Reflector, with the manubrial angle *g* for articulation in the manubrial ring.

APPLICATION.

First locate one of the digits at one side of the manubrium, passing it from the center outward, and then introduce it into the vagina. Take its mate for the opposite side and introduce it with the index finger between the two. Then locate it in the opposite side of the manubrium (from the first) by pressing gently upon the dorsum of the digit, so as to keep its articulation free and loose until the desired degree of distention is reached. Continue to introduce and locate as many others as may be necessary, observing to place the shortest two anteriorly, and the longest two posteriorly, for their lengths are suited to the different depths of the vaginal walls. The tenaculum holder, which is simple, but very ingeniously constructed, may be fastened to any part of the circumference of the rings that may best favor the desired cervical adjustment. Its function is to carry and regulate the traction of the accompanying (or any common) tenaculum. The detached reflector may be located between any two of the digits at pleasure. Any other instrument, such as an external reflector, or vaginoscope, which may be thought auxiliary to diagnosis or treatment, may be, at the option of the operator, furnished and attached, in the reverse manner of the digits.

For hardness and durability the manubrium is made of steel; for flexibility the digits are made of metallic wire and silvered.

Leaving the profession to draw comparisons and deduce conclusions as to the instrument's relative merits, we only respectfully offer the following:—

ADVANTAGES CLAIMED.

1. Its weight (four to five ounces) and mechanism are such that when disjoined the whole instrument may be easily carried in the vest pocket.

2. No speculum hitherto devised can be more easy to introduce, and that without the least pain.

3. It does not extend the vagina's longitude upward, and therefore allows the greatest natural facilities for dilatation downward and outward, as suggested by the action of the perineo-vaginal muscles (in childbirth for example).

4. With it the entire walls of the vagina can be thoroughly brought into view at once.

5. The articular mobility of the digits, their flexibility and variety of lengths, offer every opportunity for changing and moderating the position and pressure as desired.

6. It admits any position of the patient, the dorsal, semi-prone, or suppliant, and affords the same advantage of atmospheric pressure that valvular specula do.

7. The movable and flexible tenaculum gives the operator the advantage of holding the cervix uteri firmly and securely in any position practicable.

8. The speculum being movable, may be changed at any time of the examination or operation, so as to catch and throw the light fully upon any portion of the vaginal surface and os tincæ.

9. Also it gives the very important advantage of attaching any other additional instrument, such as an external reflector, etc., as the operator chooses.

10. No speculum affords more space or greater scope of vaginal vision.

11. None give more vaginal view with so little mechanical obstruction.

12. It affords the greatest possible facility for introducing the uterine probe or any other gynæcological instrument.

13. Its cheapness, compared with all its advantages, makes a physician inexcusable for being without a speculum.

14. Last, but by no means least, are its lightness and faculty to retain itself; a self-retainer, needing no manual assistance; and this is one of the most important triumphs claimed.

THE FORMS OF MALARIA.

BY C. W. FRISBIE, M. D.,

Of Fort Plain, N. Y.

I take this opportunity of writing about malaria, and some of the forms in which it presents itself in the human system. The village of Fort Plain is located in the Mohawk Valley, 58 miles west from Albany. Our lands are termed low lands, but our section is not particularly marshy. The Erie Canal runs through the centre of our village. There has been much new earth thrown up during the past year, consequent upon the building of two new tracks in connection with the New York Central Railroad. We have quite a number of cheese factories in our immediate vicinity, which are doubtless a prolific source of malarial poison. But it seems that the inhabitants of low lands, and those living near water

courses, are not alone subjected to the influence of this poison.

In passing, I will state the opinion expressed by many physicians, that there has been more malarious disease in villages along the line of the railroad since this new earth has been thrown up, than ever heretofore; but whether this has had an influence upon the people in reality, or whether it is only a coincidence, I am not able to decide. Malaria has been present with us constantly for the past year, and has shown itself in various forms. When I speak of malaria here, I do not refer to that specific miasm which develops itself into intermittent fever; indeed, I have seen but two cases of fever and ague here during the year 1873; but I refer to a form of malaria whose germs are capable of producing, in one, a diphtheria; in another, whooping cough; again, a species of remittent fever or remittent fever itself, and perhaps other diseases.

Now, what this peculiar poison is, has as yet never, to my knowledge, been demonstrated; but I presume there are as many theories regarding it as there are of the specific poison of fever and ague. I think the great majority of physicians favor the views of Prof. Salsbury, of Ohio, that this poison is due to certain cryptogamic plants, which he terms ague palmella. Prof. Palmer, in the Chicago *Medical Journal*, says, it is a specific poison, and entertains Salsbury's theory. I think Prof. Pollo, of Milan, has demonstrated the same thing; while, on the other hand, Dr. Vaughan, Medical and Surgical Reporter, Jan. 6, 1871, says, that malaria consists of the volatile oils emitted from plants and conveyed by rains to low places, instead of being permitted to diffuse themselves freely through the entire atmosphere.

Salsbury believes that *these germs are diffused immediately from the plants through the entire atmosphere*, but that they do not rise, nor can they be propagated above, a certain altitude.

Dr. Oldham, *Medical Times and Gazette*, asks, What is malaria? and in developing his views, says that "malaria, as a specific poison, does not exist; but that the cause of the disease attributed to it is chill, or, in other words, the sudden abstraction of animal heat." He gives instances in support of this theory, and concludes his paper by saying that "the cause of malarious disease exists in almost every part of the inhabitable globe; that in cold countries it prevails only in low and swampy spots, but as the heat of the climate increases it becomes more generally distributed." This, and other things which he says in his paper, completely refute his original assertion of the non-specificity of the poison.

I believe that no one will deny that fever and ague is an endemic disease, while the malaria of which I make this article the subject of discussion is at times extended over a great territory.

I believe that an epidemic of influenza which visited this section two years ago was due to this poison; I believe that the epizootic, a year ago, had its origin in the same germs, and that the same poison has been lingering about us here since, showing itself in various forms. Every physician knows how strangely influenza (or what is termed such) will act at times. Two years ago the epidemic commenced with the usual symptoms, as laid down in the books, viz, cough, dachryorrhœa, blennorhinia, headache, fever and chills. A great portion of the town of Springfield was affected in this way, many of whom were confined in bed. Then the cases became more scattered; and there were cases resembling inflammation of the bowels, lungs, nephritis, etc.

Now, I call this the result of malaria; at least, all those cases were cured by large doses of quinine. Dr. Hartshorne, in speaking of the cause of influenza, says, that it is due "to the irritating influence of ozone upon the air passages, and an excess of it in the atmosphere." Be it ozone or what not, it is at least *mal aria*.

Following the epizootic, last year, was, in this section, an epidemic of simple inflammation of the throat; while in various other localities of the United States physicians claimed the disease to be in man identical with the horse disease; while this winter a very large territory has been subject to pertussis, and scarcely a child has escaped; there have been many fatal cases in this immediate vicinity. Dr. T. C. Osborne, New Orleans *Journal of Medicine*, describes a *new form* of malarious fever, which he calls *cachemia*. He says that "no inflammation or congestion has been diagnosed in any case. The source of death seems to begin with the loss of vitality in the blood, which is itself dependent upon a poisoned condition of the sympathetic nerves and ganglia. It is characterized by a low form of fever, nausea, restlessness, intense thirst, *dark bronzed skin*, hæmaturia, and tongue coated over its middle, with broad margins and well-defined crimped edges."

During the months of August and September, 1873, there were some fifty cases of diphtheria in a little settlement on the New York Central Railroad, about three miles west of this place. The first case of the disease was in a child æt. eight years. It was attended by a neighboring physician, and died after an illness of one week. The second case was in the same family; it was my patient; it was not severe. I only gave chlorate of potash and Epsom salts; the little girl was well in a few days. The third case was in a house adjoining; the patient, a child, æt. four years. This case, attended also by my neighbor, died. The same week there were four more cases of children in the same family in which this last one died; they were my patients; I lost one of them. The cause of death in this case was œdema glottidis; there was in connection hæmaturia. There was very little suffering; the little one was about the room until within half an hour of death. My treatment in those cases, and in all others of the same disease, has been quinine and tr. iron internally, chlor. potash for a gargle, and, in the severe cases, a swab composed of glycerine, carbolic acid and tannin. During the epidemic I lost one other case. It was a lad of 12 or 14 summers. He was taken on Monday, and as he did not appear very ill, the friends neglected calling in medical aid until the following Thursday. I found the patient laboring for breath; there was already œdema of the glottis; the tonsils were covered with membrane; there was not much febrile action. The patient was about the house that afternoon, and to a novitiate would not have appeared in any danger; he died the next morning. He was upon his feet two minutes before death, and exhibited as much strength of body as if in health.

The oldest patient whom I had with diphtheria vera was 19 years old, a full grown man in stature. With the remedies above enumerated, I should not have lost my second case could I have seen him on Monday instead of Thursday; I should then have been confident that the quinine would have neutralized the poison. Even on Thursday I think tracheotomy would have proved successful had the friends permitted it. Along about this same time I had a number of adult cases, the first of which complained simply of chilliness and fever, with slight headache and loss of appetite. The cases were easily cured by a dose or two of Epsom salts, and two or three days on quinine. As time wore on we had these same cases, but becoming all the time more severe, until the last of September found us in the midst of an epidemic of typho-malarial fever. Some of our physicians claimed it to be pure typhoid, but I am sure that they all answered as nearly the description of typho-malarial fever, as given by the senior Flint, as well could be. The majority of the cases recovered, although there were quite a number of deaths. One of my neighbors lost two old people in the same house within one week; a son also, in the same house, lingered some four or five months with the same disease and its sequelæ, before convalescence. A daughter of these old people lived 2½ miles from them; she was with them a few times during their sickness; she also took sick, and was three or four months getting well.

Dr. Morgan Snyder, the attending physician, says, in a report made to the New York State Medical Society: "These fevers arise in many cases from the bad location of cheese factories; here there is a large amount of vegetable and animal matter constantly accumulating, and no drainage. I know of one factory in particular, on quite a hill; on one side of it is the Erie Canal, and on the other a large extent of water. During the whole season a disagreeable and unhealthy stench arises, and at times it is perfectly intolerable. I think I have traced typhoid fever to persons who carried milk to the factory, and one in particular, a promising lad, who was taken down. The disease ran its course rapidly, and he died. He was my patient. I was called upon last fall to attend a family which had been taken with the fever; an old gentleman and wife, each eighty years old, died of it. The buildings were in a splendid location for drainage, but I found, just below where the privy was constructed, a small pond into which it drained. On investigation, I ascertained that the proprietors were in the habit of driving their cows to this pond every night, for water. I attribute the whole of the fever to the drinking of the water and milk, poisoned by decayed matter. About three weeks ago I was called to see a family with a case of diphtheria. The case went along rapidly, and it baffled the efforts of myself and two other physicians whom I called, and every adult member of the family died. Two of the little ones recovered. This house was built partly against a side hill, and the drainage was very imperfect; water ran down the kitchen floor during every rain storm, and

into the cellar, and I have no doubt that these deaths were the result of the defective drainage."

Dr. Snyder carries the idea that these cases were pure typhoid fever. Now, I would not deny that there were no cases of typhoid fever last fall that were devoid of malarial symptoms, nor would I deny that defective drainage was the origin of the disease in his cases, but I do think that the leaky roof under which his diphtheria patients laid had nothing whatever to do, *per se*, with the origin of their malady. Their living in a damp house might have made the mortality greater, for obvious reasons. I know that other families suffered who had the best surroundings, viz, good drainage and good dwellings.

I saw one of the Doctor's fever patients, and I think I saw in it undoubted signs of malarial poison. I had in the immediate vicinity, at the time, cases of bilious remittent fever, which ran a course of six to twelve days.

Some of my patients, who had typho-malarial fever, were taken with severe headache, vomiting of bilious matter, chills and fever, and a sweating stage. Some had only, at the commencement, a sense of lassitude, slight headache, chills and fever; but in all there were bilious symptoms sooner or later. This periodicity showed itself in every case. Some days the remittent symptoms were predominant, other days the typhoid predominated. I lost only one case, and that I think was attributable to neglect. My treatment was principally nitric acid and quinine, and such remedies as were necessary to combat bilious symptoms, etc.

There have been more or less diphtheria patients with us up to the present time, but it is now probably spurious. Four miles north of us there have been many deaths during the winter, said to have been from scarlet fever. Eight miles south there have also been deaths said to be from the same cause. There have been three or four deaths in town from, I was informed, scarlatina. I have had no cases of it among my patrons. I saw some cases while in Syracuse a few weeks since; it was said to be very fatal there. I had one isolated case of morbilli. The eruption appeared on the fourth day; there was sore throat, and a very severe bronchitis. This patient was 24 years of age; he had been nowhere to expose himself, and although there were a number in to see him who had never had the disease, none of them took it. In some respects this case resembled the "rötheln," or German measles, described in the current volume of the Reporter, No. 17, viz, the delayed appearance of the eruption, the seeming self-production of the disease, and the fact that it seemed to be non-communicable.

As I before stated, pertussis has been sounding its war whoop since the middle of December, and what is very peculiar there have been quite a number of adults affected with it, who had the disease when children. Dr. Snell, of Canajoharie, told me a few days since that he had had it this winter, for the second time in his life. I had one patient, an old man over sixty years of age; he had a true whoop. Some cases were relieved by ipecac., in the first stage; ipecac., alum and cinnamon water in the second. Hartshorne's mixture of tr. hyoscyamus and assafœtida is an excellent antispasmodic, one of the best I have ever used. I have used brom. ammonium, chloral, etc., but have derived more benefit from quinine, nitric acid, and Epsom salts, than from any other line of treatment.

I was called to see an old man, 70 years of age, April 19th ult.; was well on Saturday; was taken with severe chill during the night, and severe pain in the region of the heart. Found the patient suffering at 12 M. from strangury. Used catheter and drew off a quart of normal urine; he was comparatively relieved from present suffering, but had chills and fever during the day. Treatment, one two-grain quinine pill every three hours; opened the bowels Monday morning with Rochelle salts.

One more case and I am done. I was called to see some children in a German family, April 13th ult. Three little girls were sick with spurious diphtheria. Saturday, April 19, was called to the same family to see an infant son, æt. nine months; found him with high fever, sore throat, the tonsils were ulcerated, the bowels were constipated, urine scanty and high colored, the wrists, hands, ankles and feet were puffed full, the joints were painful upon pressure. Called Monday, 20th, and found, in addition, a well-developed urticaria; there was a dark-blue appearance outside the wheals in some parts of the body. In some places it appeared as if the white elevated portion was situated upon a red base, and that again upon a blue one. Here, then, were three diseases combined in one patient. Treatment, cathartic of calomel; chlor. pot. gargle; for rheumatism and urticaria, a wash of vinegar and water, and internally—

℞.—Iodide of potash, grs. vj;
Brom. ammonium, grs. xvj;
Potassæ acetatis, grs. xx;
Aquæ, ℥j.

S.—Give a teaspoonful once in four hours.

Tilbury Fox, in his work on Skin Diseases, says, that "urticaria may be dependent upon rheumatism, gout," etc.; but in this case, from the fact that other children in the same family, at nearly the same time, had this sore throat, I deem it conclusive that the origin of the trouble with this infant was malarial poison, showing itself primarily upon the throat and kidneys, secondarily and reflexly upon the joints and skin.

In a letter from a friend in Dundee, Ill., Oct. 12, 1873, she says: "I have just recovered from an attack of epidemic dysentery. It has been raging fearfully. The doctors are busy night and day. Every family has been afflicted; there have been very many deaths, and every woman travailing in labor is sure to die." It would be very interesting if physicians in all sections would give us their experience in these epidemics.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.—CLINIC ON DISEASES OF WOMEN.

BY PROF. T. G. THOMAS.

Ulceration of Cervix Resembling Carcinoma.

Gentlemen:—The first case I will show you is one that would be very liable to baffle a young practitioner, and cause him to give an unnecessarily grave prognosis.

Mrs. M., aged twenty-five, married; has had two children and one abortion. During the last two months the patient has complained of severe menorrhagia, with the passage of very fetid material from the vagina. From this history we would expect to find a malignant disease to cause these symptoms. When the uterus is examined there is found a large granular ulcer on the cervix; when the sound is passed through the internal os, bleeding is set up, but when the cervix is examined closely there is found a sponge tent which, when removed, gives off an exceedingly sickening odor. If the ordinary cylindrical speculum had been used the tent must have been pushed aside by the end of the speculum. Without the discovery of the tent it would have been puzzling and allowed of a difference of opinion in the diagnosis.

Spiegelberg suggests that to diagnosticate malignant from benign ulceration we have a very valuable aid in the sensation given when the finger is rubbed on the cervix. If it is benign the finger detects that the mucous membrane slips on the tissue beneath. Not very much, it is true, but sufficient to be perceptible, whereas in carcinoma this cannot be detected. Again, when a sponge tent is introduced into a carcinomatous cervix we find that the tissues are friable, but when the tissues are not infiltrated with disease this is not noticed. Lastly, the tactus eruditus is a most valuable aid, but the impression is difficult to convey.

Treatment. — Vaginal injections of warm water, together with the local use of persulphate of iron, will soon produce a marked change for the better, and all signs of malignant disease will soon pass away; or, if not, she will be reported on again, as she will be under the care of the medical man who brought her here.

If this patient were in the higher walks of life, you would readily see how an imperfect diagnosis might imperil her attendant's reputation.

I have seen precisely this state of affairs produced by a piece of placenta remaining in the uterus, and on one occasion a roll of cotton did the same thing.

Rectocele.

Mrs. H. H., aged forty-eight, married; has four children, the youngest eleven years old. The patient is the wife of a farmer. She noticed one day, when working hard, tossing hay, that something came down and presented at the vulva. After this accident found she had trouble when her bowels moved. (Prof. Thomas then exposed the patient to the class. Projecting slightly from the vulva was a tumor resembling to a certain extent an inverted uterus). The question is, what is this. Before examining carefully it would be impossible to say. It might be either inversion, cyst of vagina, polypus, cystocele or rectocele.

By beginning with the easiest to diagnosticate, and passing the finger into the rectum, it is found to go into this tumor, proving it to be a rectocele.

The patient thinks that the severe exercise in tossing the hay was the cause of all the trouble, but it was not. It was merely the last straw on the camel's back. When the vulva is examined carefully, we find that the perinæum is gone, being torn through in one of her labors. The rupture of the perinæum acts on the vagina as a ruptured cervix does on the uterus, that is, it prevents subinvolution. The extra strain which the woman exposed herself to produced that which, in all probability, would be brought about in time.

Mathews Duncan denies that a lacerated perinæum causes prolapse of the uterus. It does not directly, but it does indirectly. The first action is to bring down the vagina, and that brings down the uterus.

Treatment.— The patient might be treated with a pessary or by an operation. The operation would be to cut out an elliptical portion of the posterior wall of the vagina, and bring the edges together by wire sutures. This should

not be done without a clamp, as the hemorrhage would be very troublesome; by introducing the finger into the rectum you might be sure that the clamp did not involve the wall of the gut. Much relief could be given to the patient by the use of a Cutter's pessary adapted to fit the parts. In the use of pessaries it should be borne in mind never to introduce one which the patient herself cannot take out. If she were to use this form of pessary to brace the posterior wall of the vagina, she herself might take it out every night and introduce it every morning.

Dysparunia, With Central Rupture of Perinæum.

M. McD., aged twenty-seven; married; has one child two months old; has been sick since parturition. The head of the child rested for two hours on the perinæum, she gives us to infer, from the description of the case. But what she comes here for is something she does not care to mention to you; it is dysparunia—you may recollect the word—or painful coition. When the patient is examined we find a perforation of the perinæum. There are different kinds of laceration of this part, complete and partial. Central rupture is rare. The head of the child may dilate the perinæum too long and result in slough. Sometimes the child bores its way through the perinæum altogether, and does not pass at all by the way of the vulva. The most expeditious treatment for the present is to take a scissors and cut the band anteriorly, making it into an ordinary case of laceration.

Varicose Condition of Veins of Vulva and Vagina.

If you cut away the vulva you find below, as shown on this plate, a plexus of veins, the pars intermedia and bulb of the vestibule. Now and then these become varicose, as I shall show you in the patient on the table.

(The patient was exposed, and a swelling of the labia on each side was discovered.) They are not easily made out at a distance, but under the finger they feel like earth-worms. This varicose state extends up the vagina, and involves also the veins of the thigh.

This condition is not remediable. If the patient does not bear children it will be better for her. Pregnancy would make matters much worse, and parturition would be very liable to produce rupture, and give us what is known as thrombus of the vulva. The veins of the thigh might be relieved by an elastic stocking.

Sterility.

M. D., aged 22, born in England; has been married for three years; she comes here to be treated for sterility. I have not time to-day to speak at length on this subject. I must say, however, that my results have been anything but satisfactory. My neighbors tell me that it is otherwise with them. My experience is very discouraging. There are several general causes of this:

1. Anything that causes obstruction to the embrace of the spermatic fluid into the uterus.
2. Anything that kills the zoosperms.
3. Any obstruction to the passing of the ova into the uterus.
4. Anything that washes away the impregnated ova before fixation.
5. Diseased ovaries, producing diseased ova.

When the patient is examined, it is found that she has a conical cervix, and a pin-hole os, which would make her come under the first class of causes.

The most common agent in the second class is an ichorous leucorrhœa. The causes which wash away the ova are menorrhagia, and metrorrhagia.

As I said before. I have failed so often that I do not feel justified in giving a favorable prognosis. I recollect a case, however, about two years ago, similar to the one before us, where I dilated the cervix by sponge tents, and conception took place in six weeks. I remember, also, another case, where a woman came to me; after treatment she conceived, although she had before been sterile; and from that time to this she insisted that she was pregnant when she came to me, and, moreover, that I risked her life by the introduction of sponge tents into the, as she supposed, pregnant uterus.

February 27th, 1874.

Tumor in the Broad Ligament, Probably Ovarian.

GENTLEMEN:—I show you first a case in which there is room for a difference of opinion. We will first get the history, and see what we think it most probably is.

R. K., aged thirty-three, married; youngest child is six years old, and for the past five years has been ailing. She can hardly say that she has been completely well since the birth of her last child. Has never been pregnant since. Has a burning pain on the right side, similar to what would be caused by a blister of water. Has no back ache, nor does she have any pain at her monthly periods.

Two great objects of any clinic are first to learn from those more experienced than yourselves, and secondly to get the symptoms of the patient directly from the patient. This is not always easy to do, but occasionally, as in the patient before us, we get them perfectly.

Vaginal Examination.—When the finger is carried up the vagina we detect a tumor on one side, and on the other a much larger mass. When the uterine sound is introduced we find it to pass posteriorly, due to a flexion, backward, and, moreover, we have an increase in the measurement, as well as a discharge of leucorrhœal matter from the os uteri. I take it for granted that the uterus has not regained its normal state, but what are the two tumors, one on either side of the cervix. When I press the smaller one the patient complains of a sickening sensation, which decides that it is an ovary enlarged and prolapsed. The mass on the other side, however, is by no means so easy to determine on. My assistant at the clinic favors the view that it is a phlegmon. My opinion, however, differs

with his. Sir James Young Simpson has declared that if a tumor thus situated in the broad ligament is not movable, it is a phlegmon, as a general rule, and if it is movable it is not a phlegmon. Matthews Duncan says he has seen phlegmonous masses movable, though rarely. I have never seen any cases of undoubted phlegmons that were movable. But if it is not a phlegmon, you may say what is it? My impression is that it is an ovarian tumor in the early stage. You may say, why not aspirate it, for this would settle the matter. The objection is that I have not made a positive diagnosis, and would not wish to put the patient to the risk of aspiration. At the present time it is doing no harm, and as the case progresses the diagnosis will be more definite.

When treating patients with uterine disease there is one thing to bear in mind, and that is that this trouble monopolizes their thoughts. As an illustration of this, I recollect an incident related to me by a patient of mine, of a friend of hers, with whom she was dining at Delmonico's. Taking up a portion of a vegetable from the soup with a spoon, said she, "How like that is to the representations of the uterus." This is well to bear in mind when you see the patients in your office, and is an important item in the cure of a uterine case. But to come back to the treatment of the case before us.

Treatment.—Put the uterus in position, and keep it there by means of the pessary. Tonics are specially indicated to improve the general health, and of these iron and strychnia are best. We know now that ergot acts on the non-pregnant uterus, and for this case its use is indicated in a similar manner to the cases before in which it has been ordered. As before suggested, aspiration is too great a risk at the present state of the diagnosis, but if it should prove to be an ovarian tumor in its earlier stages, it might be aspirated, and then the sac injected with the tincture of iodine. For the other ovary I am afraid we can be of but little service.

Results of an Old Operation—Sub-peritoneal Fibroid.

I bring before you an old patient, upon whom I operated near three years ago. When I saw her then her womb was nearly out of her body, the vagina was voluminous, and at that time I narrowed the vagina anteriorly and posteriorly. The history of the patient is:—

Mrs. D. T., aged twenty seven; widow; sterile; has had three abortions. When the uterus is examined we find it to be down on the floor of the pelvis. So far as the vagina was concerned the operation was a success, but we have here something that was not detected before, a uterine fibroid.

I said, some time ago, that prolapse of the uterus was brought about either by an increase in weight, by weakening the supports, or by traction from below or pressure above, as in straining, etc. It is now pretty clear that this fibroid which the patient has has been the determining agent in producing the descent. The operation was so far successful as to prevent it ever coming completely outside of the body since, though it is now on the floor of the pelvis; the patient is able also to attend to household duties, and by means of a Cutter's pessary the uterus may be kept up.

Uterine Fibroid—Sterility.

K. K., aged 28; has been five years married; is sterile. The date of the symptoms goes back to the period of her marriage; has pain only at the monthly periods.

I supposed when she gave me the history that we had a displacement of the uterus to contend with, but on examination I found that we had a tumor situated posteriorly. Anteriorly is the uterus, which is proved by the entrance of the sound. When the sound enters it gives the patient considerable pain. This mass posteriorly is solid and painful. We can do absolutely nothing for it; there is in the uterus a lateral flexion, causing obstruction to the menstrual flow; this can be relieved by means of tents.

It may discourage some to find that we can be of no benefit to a case like this, but it should not do so to a reflecting man. For if he saw the injury that is done by treatment, he would be only too glad to know that he could spare the patient the pain and danger.

Chronic Ovaritis—Treatment by Ring Pessary.

Mrs. B., aged 25; married seven years; has one child; has been eight years sick. Husband is dead for the past three years. Has complained of leucorrhœa and dysmenorrhœa. This is all the history we can get.

Vaginal Examination.—As the finger passes up the vagina it causes severe pain, and on each side of the uterus we get two tumors, small in size. I can push them up by the finger. This, it appears, has followed the last labor. We call this state of affairs chronic ovaritis, but really we do not understand thoroughly what it is. It appears to be something like the chronic tonsilitis of children. These are the cause of the dysmenorrhœa. Defecation, also, is usually attended by severe pain, so much so, indeed, as to cause faintness. This disease is exceedingly rebellious; hardly any permanent relief can be obtained. I operated on a case that had been unable to walk for five years, and removed the ovaries. This was three months ago. She is now able to go about, and has not menstruated since. The only trouble is, that the removal of the ovaries is a dangerous operation, and only should be had recourse to in the most extreme cases. I have a number of patients where I have applied a ring pessary after pushing up the ovaries, and it seems to relieve them, for they will not part with the pessary. They are not cured, however. Bromide of potassium, I think, offers some relief. Tincture of iodine, brushed over the vagina, appears to possess some benefit.

I am very much gratified, gentlemen, by your kind attention during the past course. It has

been of much assistance to me in making my duties lighter than otherwise they would have been. Nothing so much emasculates a teacher as an inattentive class, and I am under many obligations to you for your kindness and your diligence. The man who has learned how to examine a patient, has mastered a great deal; and in doing this, kindness does much. You are continually thwarted by the patients, and they are sometimes enough to overtax your forbearance. Lawyers say it requires great skill to examine witnesses and get the truth from them; and you will find the same thing true with patients. They frequently get irritable, which must be met quietly by the physician. And this can be done without sacrificing our dignity. The days of Abernethy are gone by. If the temper of the patients is met with the same spirit by the doctor, it will be impossible to get any history from them. This will prove excessively unpleasant to the attendant. The only remedy for their pettishness is an unruffled exterior. I must again thank you before bidding you farewell, and wish you much prosperity in your future career.

Medical Societies.

MEDICAL SOCIETY OF PENNSYLVANIA.

TWENTY-FIFTH ANNUAL SESSION.

[*Concluded from No.* 899.]

Dr. W. M. Weidman, of the Committee on Nominations, presented their report of officers for 1874.

President.—Dr. Washington L. Atlee, of Philadelphia.

Vice Presidents.—Drs. Geo. D. Bruce, Pittsburg; Rowan Clarke, Antistown; P. B. Breinig, Bethlehem; Alex. Craig, Lancaster.

Corresponding Secretary.—Dr. R. J. Dunglison, Philadelphia.

Permanent Secretary.—Dr. Wm. B. Atkinson, Philadelphia.

Recording Secretary.—Dr. R. S. Chrisman, Pottsville.

Treasurer.—Dr. Benjamin Lee, Philadelphia.

Place of meeting, Pottsville.

Committee of Arrangements.—Drs. A. H. Halberstadt, G. W. Brown, J. T. Carpenter, D. W. Bland, L. M. Thompson, O. M. Robbins.

Time of meeting, second Wednesday of June, 1875, at 3 P. M.

Committee of Publication.—Drs. W. B. Atkinson, R. J. Dunglison, B. Lee, T. M. Drysdale, L. J. Deal, A. Fricke, Chas. McIntire.

Also censors and delegates to American Medical Association, and to neighboring State Medical Societies. On motion, the report was unanimously adopted.

Dr. J. L. Atlee, of Lancaster, requested permission for his brother, Dr. Atlee, President elect, to return his thanks for the honor conferred, inasmuch as he was compelled to leave for Philadelphia by the next train.

Dr. Washington L. Atlee then addressed the Society as follows:—He thanked the members for this unsolicited honor. Office should seek the man. He accepted, knowing his want of familiarity with parliamentary usages.

To preside over an assemblage of professional men, whose sole aim is the progress of science, the amelioration of human suffering, the promotion of public health, and the cultivation of social intercourse, must be inspiring.

Medical art and science, as applicable to man, have originated out of the necessities of the race, and belong to all classes. The cultivation of medicine is a common duty, as it partakes of a common interest. The temple of science is built by all.

He would impress upon all committees the necessity of faithful attention to their duties. It is hoped that none will accept a position without they intend to fully perform their duties. We should have no sinecures. Let us all work. Then our society will assume a proud position among her sisters of other States, and our annual *Transactions* will be a monument to our industry and worth. Then, by these reunions, while we cultivate the best feelings of the heart, we, at the same time, by honest brain-work, will add to mental culture, and contribute largely to the stores of medical knowledge.

In conclusion, he expressed the sentiments of every member in acknowledging the courtesies and attention received from the citizens and the profession of this town. Nestled as it is in the bosom and embrace of the most romantic and picturesque vallies of the State, Easton, its people, its schools of learning and science, its manufactories, has left an impression upon each of us as durable as the everlasting hills which surround it. Like the waters of the Lehigh and Delaware, whose trail (Traill) enriches distant parts of the State, our memories will converge from the remotest regions to this evergreen (Green) spot in the history of our Society.

Dr. Gross, of Philadelphia, moved to meet every alternate year at Harrisburg, which was decided by the President as not in order.

Dr. Gross then offered it as an amendment to the constitution, and it being objected to, laid over till next year.

Dr. W. H. Pancoast then read a paper on a new operation for ununited fracture of the tibia.

Prof. W. H. Pancoast having a case of ununited fracture of the tibia, where, in spite of every method heretofore employed, firm union could not be obtained, he finally, in preference to amputation, as desired by the patient, broke the fibula, having previously weakened it by holes bored with a gimlet, and forced the ends to override, so as to enable the widely separated ends of the tibia to come in contact. This resulted in a firm bony union, and gave a limb capable of being walked upon, and useful as before.

And also a paper on a new method of treating intra and extra capsular fracture of the femur at its upper third.

He also detailed a new method for the treat-

ment of fractures of the femur by means of a chair, the patient being in a sitting position. When lying upon the back, involuntarily the muscles evert the toes and limb, and thus prevent the broken ends of the bone from coming in contact. But, by drawing the patient up so as to rest upon the ischial protuberances, the action of the muscles is to invert the toes, and this brings the ends into apposition.

Both papers were referred for publication.

The Treasurer, Dr. B. Lee, presented his report, showing a favorable balance in the treasury. It was referred to an Auditing Committee, Drs. Pollock, Weidman and Bruce.

Dr. Atkinson presented his report as Chairman of the Publishing Committee, showing that twelve hundred copies of the last year's *Transactions* had been printed.

Dr. Sibbet, Chairman of the Committee on Medical Legislation, presented his report of progress, and a request for the continuance of the Committee with power to fill vacancies. The request was granted.

The President appointed Dr. R. J. Levis, of Philadelphia, to make the Address in Surgery, Dr. Wm. Pepper, of Philadelphia, the Address in Medicine, and Dr. Joseph Coblentz, of Reading, the Address in Obstetrics for 1875.

The Permanent Secretary read an abstract of a voluminous paper by Dr. J. Solis Cohen, of Philadelphia, on tracheotomy and its relation to croup.

This is a lengthy and quite exhaustive paper, based upon the published statistics of more than five thousand cases of tracheotomy in croup, collected from various sources in Europe and America, and discusses in detail the various points connected with

1. The indication for the operation.
2. The points of importance in connection with the operation itself.
3. The after treatment of the disease and of the surgical wound; and
4. The casualties which prevent recovery.

Among the statistics given, is a very remarkable table of successes at a very early age, all of them in cases under two years of age, one of which was at the very early age of six weeks.

Dr. Cohen is not a believer in the absolute identity of diphtheria with croup, though he admits a relation somewhat analogous to that which typhoid pneumonia bears to frank pneumonia. He thinks that there is a peculiar systemic poisoning in diphtheria which is not present in sthenic croup; but his paper is based upon a consideration of both forms of the disease, inasmuch as the demand for tracheotomy is equally imperative at certain stages. He calls attention to the not well known fact that there is not on record a single case of recovery after tracheotomy for diphtheria in the adult; and accounts for this on the supposition that the comparatively large size of the larynx in the adult does not entail the danger from suffocation that is met with at a similar stage of the disease in the infant, and that therefore the blood disease progresses to a fatal issue before there is much mechanical interference with respiration. It is impracticable to follow the entire line of argument pursued in the discussion of the merits and demerits of tracheotomy in croup; but we present the conclusions which Dr. Cohen thinks may be safely adopted:

1. That there are no insuperable contra-indications to tracheotomy in croup.
2. That the administration of an anæsthetic is admissible in performing the operation for the purpose of controlling the child's movements; but that it should be used with great caution.
3. That a careful dissection should be made, and hemorrhage be arrested before incising the windpipe, whenever there is at all time to do so.
4. That the incision should be made into the trachea, as near the cricoid cartilage as possible, to avoid excessive hemorrhage, and subsequent accidents which may occasion emphysema.
5. That a dilator should be used, or a piece of the trachea be excised, if there is any difficulty in introducing the tube.
6. That the tube should be dispensed with as soon as possible; or altogether, if the case will admit of it.
7. That assiduous attention should be bestowed upon the after-treatment, especially that of the wound; and that a skilled attendant should be within a moment's call for the first twenty-four or forty-eight hours immediately following the operation.

The entire paper was referred for publication.

The Committee on Unfinished Business reported no items, and they were discharged.

Certain bills were ordered to be paid.

The Permanent Secretary read a paper on a case of life saved by transfusion, offered by Dr. J. M. Junkin, of Easton, as follows:—

Some years ago I saved the life of a patient by transfusion. No account of the case has been published; and as the simple means I used were successful, and a knowledge of them might be useful to other physicians, under similer circumstances, I will give a history of the case, in as few words as possible.

I was called, about ten o'clock at night, to see Mrs. F.; found her flooding fearfully from an abortion, at about six weeks. She was very much prostrated from loss of blood, so that the pulse could scarcely be felt at the wrist. I immediately checked the blood by a tampon of soft rags; took all pillows from under the head; still the prostration increased; I gave stimulants; she still continued to sink. I then raised the foot of the bed, so as to keep what blood she had in the brain, as much as possible. I continued increasing the elevation, until she had to be held, to keep her head from pressing against the head-board; still the pulse became more feeble, so that it could scarcely be felt at the carotid artery. I said there was no chance of saving her life, except by giving her more blood, from another person; the husband at once offered his arm, but how was it to be transferred? Being far in the country, and no possibility of getting any instruments, nor was there any time to spare, even if there had been

any within reach to send for, I asked if there was a syringe in the house; one was brought, a glass, female, with a curved neck, and a bulb on the end of it. I said it would not do; but immediately thought, glass would melt. So I ran to a fire, thrust the end among the coals until it was softened, drew it out into a slender tube, broke the end off to a proper size, put it in the fire to smooth the end, then back to the patient, tied up the husband's arm, and drew several ounces of blood; told him to put his finger on the orifice; filled the syringe, opened a vein in the arm of the patient, and forced as much blood as possible into the vein; probably not more than two ounces passed; but I did not find it necessary to repeat the operation; the husband's blood was of a much richer quality, so that in a few minutes the patient began to rally, the pulse gradually coming up; by daylight I was able, by lowering a little at a time, to get the bed on a level, and in the course of a few hours to place a small pillow under the head.

It is not necessary to detail anything further. The recovery was rapid and complete; a little more than a year after I delivered the lady of a large healthy child.

The paper was referred for publication.

Dr. John Curwen, of Harrisburg, presented the report of the Committee on Memorial for a new Insane Hospital. They had prepared and extensively circulated a memorial in accordance with the views of the Society. A bill had passed the Legislature, which would be signed by the Governor. Also another bill had passed this week, which was directly opposed to the views of the Society.

He asked that these be entered on the minutes, and the committee be continued.

The request was granted.

Dr. Green having remarked on the Almshouse Insane Department of Northampton county, Dr. Wood, of Pittsburgh, moved that the Northampton County Medical Society be requested to furnish the different County Medical Societies of the State with copies of the report of the Committee on the condition of the Insane in the County Almshouse. Carried.

Dr. Stetler offered a certain resolution of amendments to the constitution, so that it might harmonize in all its parts with the amendments adopted at this session. Carried.

Dr. Curwen offered the following:—

Resolved, That the Committee of Publication be requested to carefully examine the Constitution and By-laws of this Society, in order to arrange the phraseology and make such modifications as may be necessary to place the whole in a connected and harmonious form. Carried.

The Auditing Committee reported the Treasurer's accounts as correct, and were discharged.

On motion of Dr. Lee, Mr. Seaman was permitted to exhibit and explain a wheeled crutch, and some splints.

Mr. Molcworth was also allowed to exhibit his dilators, uterine syringe, etc.

The Permanent Secretary read the report of the Corresponding Secretary.

It showed the addition of several new County Medical Societies. Also the report of the majority of censors in the case of Dr. Findley and the Blair County Medical Society. A minority report on this subject, from one Censor, was then read by the Secretary.

A motion was made to receive the minority report, but the President decided that the report of the majority of the Censors was final, and cannot be legally acted on by the Society.

Dr. Crawford, of Williamsport, appealed from the decision of the chair. The Vice President put the question, and the President was sustained by a large majority.

On motion of Dr. Curwen, the President was requested to appoint one member to prepare a report on Hygiene, and one on Mental Disorders, to be read each year before the Society.

The appointments were Dr. B. Lee, of Philadelphia, on Hygiene, and Dr. John Curwen, of Harrisburg, on Mental Disorders.

On motion, the Society adjourned.

THIRD DAY.

On Friday morning the Society met in the Reformed Church, at 9 o'clock, the President in the chair.

The minutes were read and approved.

Dr. John L. Atlee, of Lancaster, offered the following:—

Whereas, This Society has heard with great regret of the death of our ex-President, Dr. Wilmer Worthington, one of the earliest proposers of the formation and organization of this Society,

Resolved, That in the death of Dr. Worthington the medical profession has lost one of its brightest ornaments, the people of the State one of their most generous and actively humane benefactors, and society the intercourse of a highly cultivated Christian gentleman.

Resolved, That this resolution be communicated, with our sincere condolence, to the family of Dr. Worthington. Carried.

Dr. Jas. King, of Pittsburg, offered a resolution of thanks to the Reformed Church, for the use of the chapel; of thanks to the trustees of Lafayette College, for the use of their beautiful Pardee Hall; and for the courtesies of the President and Faculty during our stay at Easton. These were adopted unanimously.

Dr. Green offered the following:—

Resolved, That the thanks of this society be presented to Dr. S. B. Kieffer, our retiring President, for the able, courteous, and impartial manner in which he has performed the duties of his office.

Resolved, That the thanks of this society be presented to all the officers of this society, for the faithful manner in which they have attended to the duties of their respective offices.

Resolved, That the thanks of this society be presented to the reporters of the proceedings of our meeting, and to the editors of the papers, the *Free Press*, and *Evening Express*, for the publication of the same. These resolutions were adopted.

On motion of Dr. Curwen, it was resolved that the Medical Society of Pennsylvania earnestly urge upon Congress the passage of the bill now before them to give increased rank to the medical corps of the United States Army, and thus open it to appointment and promotion.

On motion of Dr. Crawford, it was resolved that the thanks of this society be tendered to the Northampton County Medical Society, and to the citizens of Easton, for their kindness and courtesy extended to us during our stay with them.

The President then made some very pleasant closing remarks, and on motion the society adjourned, to meet on the second Wednesday in June, 1875, at Pottsville, at 3 P. M.

Editorial Department.

Periscope.

On Atresia Vaginæ in Female Children.

Mr. N. B. Norman writes to the British *Medical Journal* on this topic:—

This malformation, common enough in the female infant, must have been seen frequently by most surgeons and obstetricians; and, in its usual form, is easily remedied, the membrane which occludes the vagina being usually thin and easily lacerable, when put upon the stretch between the left forefinger and thumb of the operator, and pressed against by the blunt end of a probe, or a bodkin, or any similar instrument. Under this proceeding it splits longitudinally, leaving the mouth of the vagina patent, and there is little liability to any reunion of the edges. The case, as is well known, becomes much more serious in the adult female, not because the canal is less easily restored by operation, but by reason of the secondary evils that ensue upon even the simplest form of it, as, for instance, the mere puncture of the hymen with a lancet.

In such instances, however, the necessary surgical treatment is not always followed by any constitutional disturbance, even where it has been long delayed, when the menstrual function has been long established, and a great accumulation of blood, etc., has in consequence arisen, distending both vagina and uterus, if not the fallopian tubes as well. I am indebted to my friend Dr. Smith, of this place, for the few following notes of such a case, which I saw with him last year.

M. P., aged fifteen, a delicate looking girl, had never menstruated up to the time when she was first seen. She commenced to complain, about fifteen months ago, of a severe pain over the lumbar region, also a feeling of weight and bearing down in the vagina, becoming worse at the periodical dates, and latterly accompanied with great difficulty in micturition. Upon vaginal examination, a thick imperforate membrane existed, instead of the usual hymen, completely closing an otherwise well-formed vagina; the membrane was felt to be distended with fluid. An elliptical piece was removed from the centre of the membrane, sufficient to admit the forefinger within the vagina. About three pints of a dark grumous fluid escaped; both vagina and uterus were enormously distended and enlarged. A weak injection of carbolic acid was used freely after the operation. No bad symptoms supervened, and within a fortnight the patient was able to walk about free from pain. The opening was dilated with bougies without difficulty. On March 5th, 1874, she had menstruated only twice since the operation. Her general health was much better.

In this case, during the escape of the treacly fluid, after puncture of the hymen, I found the os uteri so low down in the pelvis, and so dilated, that I could pass my forefinger well into the cervix, and the uterus formed a distinct tumor above the pubes. The question of interest in all these cases is the best method of relieving them, so as to run the least risk of incurring the grave evils of decomposition of the blood and septicæmia, endometritis, or peritonitis, from the rupture of the fallopian tubes by uterine action. Theoretically, the following would be the objects aimed at: first, as free an opening of the vagina as practicable, by incision of the hymen, by excision of a portion of it, or by the action of a pointed stick of caustic potass.; secondly, the avoidance of all irritation of the womb by digital examination or pressure, the latter of which also, if it had been carried far, might, if removed, cause a vacuum in the vagina and uterine cavity, and so favor the entrance of air and decomposition of the blood, etc.; thirdly, in the event of such decomposition, to use antiseptic injection.

The Duration of Pregnancy.

The subjoined case, reported in the *Lancet*, seems to be one of those rare ones which demonstrates the duration of pregnancy. The objections which usually apply to the statements of pregnant single women do not seem to obtain in the present instance, the date of conception having been accurately fixed by several corroborative circumstances. It will be seen that a period of two hundred and eighty days elapsed between the alleged seduction and the birth of the child,

thus giving the duration most commonly accepted by obstetricians and medico-legists. It is important to note that the pregnancy is affirmed to have resulted from a single intercourse.

E. F——, aged twenty-five, a dressmaker, went, on November 21st, 1872, on a visit to her sister in the country. She there met, and was seduced by, a young man to whom she had been formerly engaged. The patient stated positively that this was the only occasion on which she ever had sexual intercourse. She had not met her lover for many months before this occurrence, and did not again see him until she "swore the child against him," some weeks after her confinement. She can positively fix the date by certain changes which occurred on that day, and also by an entry made in her pocket-book on her return home. The patient distinctly remembers that she had ceased menstruating on the day previous to that on which she was seduced. She quickened on March 7th, 1873, one hundred and six days, or fifteen weeks and a day from the date of intercourse. At the time of her confinement she was a maternity patient at a hospital, and, on reference to the records of the case, it appears that delivery took place on August 30th, after a labor of forty hours. From this it is seen that gestation lasted two hundred and eighty days, or rather that this was the period which elapsed between her seduction and delivery.

On Pneumonia in Children.

Dr. Wm. Stephenson says, in the *Edinburgh Medical Journal*, the prognosis of pneumonia depends much less upon the height of the temperature alone than upon the relation of pulse and temperature. It is, therefore, to this point our attention should be addressed, and to the other means whereby what I have termed tension may be estimated.

The use of warm compresses to the chest is of great value in all cases. Where tension is great, and where head symptoms are present, the whole body may be placed in a warm "pack." No means is more conducive to the comfort of the patient; the general uneasiness and sense of fullness of the system is allayed, and natural sleep induced. At the same time, it must be remarked, I have never observed any decided change in the temperature or pulse from the use of the pack, but nevertheless the quiet and comfort afforded thereby is very evident.

Where further means are necessary to reduce tension, we have the selection of three valuable remedies—aconite, antimony, or ipecacuanha; but the good to be got from these is only within the first thirty-six or forty-eight hours. They should not be continued longer, and never, for any theoretical action upon the lung lesion, should they be given when the pulse is relatively high for the temperature. The large majority of cases, indeed, may be best treated by ipecacuanha or aconite, and acetate of ammonia. The value of aconite in acute inflammatory disease may be denied, if we judge of it by its power of lowering pulse and temperature, or cutting short the disease. Looking for its action in these quarters, I long disbelieved in its good effects, but have lately had my confidence in it renewed by observing the increased comfort of the patient, and the lowering of the tension where high, under its use. I have not yet, however, been able to record a definite action in the clinical chart, to change mere opinion into conviction. In case 5 (John Gill), where aconite was given throughout the febrile attack, it is worthy of note how the convalescence was prolonged by recurring high temperatures. Without assigning this to the effect of the unnecessarily prolonged use of the remedy, the circumstance must be noted at present in connection with it.

In a few rare cases, in healthy children, where the onset of the disease is associated with considerable dyspnœa, blood letting by leeches between the scapulæ may be employed with undoubted effect; also, when pain in the chest is very severe, and preventing rest, a single leech to the seat of pain will afford great relief.

Where the pulse is high in relation to the temperature, quite an opposite line of treatment must be followed. Here quinine, iron, and digitalis, singly or in varying combination, are the remedies indicated. In pneumonia, occurring amidst the sequelæ of scarlet fever, I have seen good results also from belladonna. The selection must turn upon the due recognition of the constitutional state giving rise to the inordinate pulse. Various conditions may so act—the effect of the high temperature upon the nervous system, the amount of blood deterioration, a general cachectic state, or simply atony of the muscular vascular system.

Several remedies may likewise be employed to minister to the comfort of the patient. I would especially mention morphia and spirit of chloroform.

Salines may be given from the first, in combination with the other medicines enumerated, and their use may be continued with benefit after the febrile stage has passed off, during the process of resolution. In this stage alone, and when the health of the child has been previously good, is any benefit ever to be derived from the use of mercurials. Where the process of resolution is tardy, or has been arrested, I have seen decided benefit from *small* doses of mercury.

Paracentesis for Recent Pleuritic Effusion.

The London *Medical Times and Gazette* says: M. Bucquoy terminates a clinical lecture delivered at the Cochin Hospital (published in the *Union Médicale*, April 2 and preceding) on "Capillary Puncture with Aspiration as a means of treating Recent Pleuritic Effusion," with the following observations:—

"Having passed in review the facts, now numerous, which have come under my notice, I do not think that I have omitted noticing any of the objections which have been brought forward against the practice of thoracentesis applied to

recent effusions. You have been enabled to convince yourselves that this method of treatment in nowise presents the inconveniences that might have been supposed, while the results which have been obtained plead victoriously in its favor. It will now not be without utility if we bring into relief its indubitable advantages and formularize its indications.

"1. The utility of puncture of the pleura can be doubted by no one when the effusion is somewhat considerable. An amount of liquid sufficient to forcibly compress the lungs and displace the heart, is for the patient a constant menace of serious accidents, from which he cannot too soon be relieved. The evacuation of the liquid immediately removes all danger of asphyxia or syncope, and prevents those complications that may be the result of persistent obstruction of the circulation and respiration. Such are the ordinary indications of thoracentesis; but the practice of capillary puncture with aspiration allows of our fulfilling them in a more certain and easy manner, and one less painful for the patient. When to these advantages we join the very real merit of putting an end to hesitations that are often mischievous, the utility of this new method is obvious in cases in which the effusion is abundant.

"2. When the effusion has not attained proportions that render thoracentesis peremptory, if the quantity of liquid is sufficient to render the propriety of the operation a matter of discussion, you almost always should incline towards the affirmative sense. Here are the principal advantages of puncture in cases in which the effusion is in a medium quantity and of recent occurrence: Every pleurisy, in which active intervention and the ordinary medical means have not prevented a somewhat considerable accumulation, is a disease which will necessarily be of long duration. The absorption of the fluid will take place slowly, and consequently for a long time the lung will continue compressed, and even tied down by more or less dense false membranes, which will have had ample time to become organized. If, happily, you intervene and discharge the accumulated serosity, the lung immediately resumes its proper volume; and the organization of the false membranes, when the two surfaces of the pleura are brought in contact, so far from being a danger, proves the most favorable condition for recovery, uniting the pleural surfaces as if by primary intention, so that the liquid is no longer interposed between them. You have seen that in fifteen times out of twenty-one cases a single puncture sufficed to procure a rapid and definitive cure; so that experience demonstrates the advantages which I seek to render prominent. But if, as is too commonly the case, the liquid is reproduced, the puncture will still have been useful by producing a temporary cessation of compression of the lung; and as there is nothing to prevent having recourse to the operation as often as necessary, you are always able, by preventing an accumulation of liquid in the pleura, to prevent the formation of those indurated surfaces (*coques épaisses*) which become an invincible obstacle to the return of the lung to its normal volume. By this means, also, you may prevent two of the most unfavorable results of pleurisy of prolonged duration—the deformity of the chest by the sinking in of the wall of the affected side, and especially the passage of the pleurisy into the chronic condition. If the absorption takes place slowly, and if the lung is not able little by little to regain its primary volume, it will be the wall of the thorax itself on which will weigh the enormous weight of the atmospheric pressure. Hence arises the permanent deformity which is especially common in young subjects whose ribs have still great suppleness and elasticity. When, however, these offer more resistance, as is the case at a more advanced period of life, the two surfaces of the pleura no longer being able to come into contact, the effusion persists indefinitely, and may, after more or less time, undergo a purulent transformation—the ordinary and too often fatal termination of chronic pleurisy.

"3. It results from the facts which we have analyzed that a single puncture often suffices for the cure of a pleurisy, and this is usually so rapid as to render the employment of other means of treatment unnecessary. But do not infer from this that I wish to proscribe the treatment of pleurisy by the medical measures usually adopted in this disease. On the contrary, I have expressly insisted on the utility of antiphlogistics, diuretics, and revulsives during the first stage, that is, in the inflammatory period of pleurisy; but believe me that these measures cannot be continued with impunity during the indefinite duration of the period of effusion. If by puncture you are enabled suddenly to arrest the progress of the disease, are you not rendering an immense service to the patient by sparing him the repeated application of blisters, with their ordinary accompaniments of boils, erysipelas, etc.? Inquire of those who have undergone both modes of treatment, and you will certainly find that the simple puncture of the trocar is preferred.

"4. Finally, there is a point to which I attach a capital importance, that by means of capillary thoracentesis with aspiration the cure of the pleurisy takes place so rapidly. For to abridge its duration is to abstract the patient from the influence of causes of debility, which are met with not only in the persistence of a disturbed hæmatosis, but also in his prolonged confinement to bed, low diet, etc.—circumstances singularly favorable to the explosion of any diathesic accidents to which he may be liable. Too frequently a pleurisy is but the first stage in the evolution of pulmonary tubercle; and certain it is that the lesions of the parenchyma will manifest themselves with greater rapidity, and will be of greater gravity, in proportion to the delay with which the course of the pleurisy is arrested."

On Hysteria and Amenorrhea.

In a paper read before the Dublin Obstetrical Society, Dr. F. T. Porter said:—

I consider hysteria to be a most unsuitable expression for a group of disorders by no means confined to one sex. The epoch of puberty bears a strong resemblance to that of dentition; in both there is an increased development of the nervous centres, and a specialized evolution of nervous force. The so-called hysteria is referable to the increased nervous activity which, during puberty, is common to both sexes.

Practitioners are not alive to the advantage of observing the phenomenon of puberty. It is probable that, owing to nervous disturbance, as many organic diseases are induced during the accession of puberty as there are during that of dentition.

I have not much faith in the drug-treatment of an emotional disorder like hysteria; but I prefer the valerianates, hemlock and lupulus, to the bromides. I consider the bromides to act most injuriously in hysterical cases. Their exhibition tends to derange digestion, to deprave the blood, to weaken the heart, and to retard menstruation. The devotion with which many practitioners adhere to the use of the bromides is a melancholy instance of the evil effects of fashion in medicine. When spinal tenderness co-exists with hysteria, I generally employ Corrigan's iron, with considerable success. Much depends on the proper regulation of a patient's habits. Temperate meals, early rising, cold bathing, and active exercise in the open air are indispensable elements of treatment. The treatment is more moral than medical. The morbid excitability of the emotions, so common at the present time, is a fact patent to every observer; and the influences in this respect of sensational literature, long engagements, and a host of other social evils, ought not to be ignored. An ancient sage stated that all disease proceeds from the mind, and this is fully exemplified in the case of hysterical persons. Many writers consider the unmarried to be more liable to hysteria than the married; but, so far as my humble experience enables me to form an opinion, the reverse is the case. The most aggravated cases of hysteria I have had to treat occurred in married women. Family cares, pecuniary anxieties, prolonged lactation, and other causes incident to married life, act as injuriously on the nervous system as any evils imputed to celibacy. Before alluding to amenorrhea, I propose eliciting a few observations on the nature of menstruation. Menstruation corresponds to the period of "rut" in the lower animals. The question naturally arises, why is the period of "rut" not accompanied by a sanguineous discharge, as is the case with menstruation? The theory that the menstrual discharge is surplus blood is a mere assumption. Dr. Ramsbotham looks upon the discharge as the rudiments of the deciduous membrane; but why, may I ask, is the discharge absent in all the deciduous mammals below the human female? The fact of the absence of this sanguineous discharge in the lower animals, coupled with the fact that it is scanty in women in the savage state, has induced me to form the opinion that its existence is, in a great measure, due to causes incident to the long-continued effects of civilization. It is to be regretted that the question of the final cause of menstruation has not been elucidated; it is a question pregnant with physiological interest.

There can be no more fertile cause of delicacy than the premature approach of menstruation. Such an event often engenders disease by drawing off the vascular and nervous energy so essential to the consolidation of the functions of nutrition and growth. The premature accession of menstruation is certain to be followed by the early disappearance of the function. The immediate cause of functional amenorrhea is, I conceive, an inability of the nervous centres to stimulate the ovaries. This inability may be owing to the retention of excreta in the blood. The suppression which often follows renal congestion after scarlatina will serve as an example of this cause. It may result from too little vascular pressure, as in anæmia, or too great pressure, as in plethora. It is on the two latter causes I wish more particularly to dwell. In treating these conditions, practitioners neglect to bear in mind the influence of the sympathetic system on the blood-vessels, and they generally address their treatment to the blood itself. In plethora the sympathetic system is depressed. This is evidenced by the increased animal heat, contracted pupil, and vascular relaxation. I consider that in such cases belladonna is a most efficacious remedy. It has been used with success on the Continent, but I am not aware of any practitioners who prescribe it in this country for amenorrhea. I have often used it in my own practice with considerable success. The late Dr. Graves used belladonna to relieve the cerebral congestion of typhus. It was that circumstance which induced me to employ it in the treatment of plethoric amenorrhea. In anæmia the sympathetic system is in a state of tension, which is evidenced by the dilated pupil and diminished animal heat, and in such cases I generally administer small doses of opium before resorting to the ordinary remedies. Hemlock is beneficial when opium cannot be borne. It is probable that the good effects of hemlock in splenic tumors are owing to its effect on the innervation of the smaller vessels. Anæmia, like plethora, is not, I conceive, so much an alteration in the condition of the blood, as it is an alteration in the innervation of the blood vessels themselves. It is not my intention to touch on the local causes or treatment of amenorrhea. I will not notice the subject further than to say that local conditions, as a rule, depend on constitutional causes, and that consequently (but especially in the unmarried) all means of a constitutional nature should be resorted to before local measures are adopted.

—The Baroness Meyer de Rothschild is about to establish a house for consumptives, as a memorial to her husband, the deceased banker.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 30, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

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OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

SANITARY SCIENCE APPLIED TO THE MANAGEMENT OF INFANTS.

An understanding of the laws of health, an intelligent appreciation of their character and application, is sanitary *science;* a mere acquaintance with the rules or precepts laid down by sanitary science constitutes sanitary *art.* If the people at large have not the former, let them have the latter. Those physicians who oppose popular instruction in physiology, are at least willing that the masses should be taught the rules of health.

So far as this applies to the care of children, it is gratifying to see that, both in London and Philadelphia, scientific bodies have thrown into popular forms, and published for general distribution, rules for the management of infants during the hot season, aimed especially for the instruction of mothers. In London they have been drawn up by Dr. E. LANKESTER, F. R. S., medical officer of Health for St. James, Westminster, and issued by order of the vestry. In Philadelphia the Philadelphia Obstetrical Society has published, for gratuitous distribution, a similar code.

The subjects touched upon in both pamphlets are nearly identical. The importance of cleanliness, the value of loose but protecting garments, the need of plenty of fresh air, the necessity of regular and sufficient sleep, advice as to weaning and nursing, and especially the propriety of giving food of the proper kind and in the natural manner, that is, by suckling, are emphasized by both authorities.

In regard to the important question of food, no definite directions are given in either paper *how much* milk should be given to an infant who does not take the breast. Dr. LANKESTER says dilute the milk with one-third water; the Obstetrical Society recommends one-fourth water. Now, it is a fact which thrusts itself on the notice of a physician not very rarely, and which has been, if we mistake not, strongly brought out by Dr. HIRAM CORSON in one of his articles, that infants are occasionally half

starved by this dilution of their pabulum, backed by too infrequent administration of it. Some directions, more in detail, as to the *quantity*, would have been appropriate. Because the child is, in fact, starving, and does not seem satisfied with dilute milk, the mother has recourse to more solid food, with the results mentioned by Dr. LANKESTER in the following words:—

"Most of the deaths from hand feeding, under six months old, arise from the use of *corn-flour, arrow-root, baked flour, and other kinds of starchy food*, which contain no nutritious qualities, and can never be used as substitutes for milk without endangering the lives of the children who are stuffed with them."

The value of these simultaneous publications does not rest, to our mind, solely in the diminution of infant mortality they will bring about; but as leading the public mind through the art up to an interest in the science of life, they tend to inaugurate an era of liberal, popular, physiological education.

NOTES AND COMMENTS.

Plans for Recording the Power of Audition.

In reference to the plan of testing the acuteness of hearing, quoted recently in this journal from Mr. Keen's late book, Dr. Laurence Turnbull, of this city, writes us that Dr. J. S. Prout, surgeon to the Brooklyn Eye and Ear Hospital, was the first to propose a means of recording the hearing power, by a method analogous to that used in estimating the acuteness of vision. His paper will be found in the Boston *Medical and Surgical Journal*, February 29th, 1872.

The subject was more fully elaborated by Prof. H. Knapp, of New York, and described by him in his lectures on Otology, and at a meeting of the New York Ophthalmological Society, in the winters of 1871 and 1872, and published in the *Archives of Ophthalmology and Otology*, vol. iii, No. 1, p. 220, 1873.

Preventive Treatment of Dacryocystitis.

Dr. L. L. Lambert, of Galesburg, Ill., says, in a paper in the Chicago *Medical Examiner*: —

As a general remark, I would add, if there is nasal catarrh, treat this, that the inflammation may not again extend up the duct and again reproduce the stricture, or the inflammation of the sac, or the mucocele.

I think that, in nine cases out of ten, if the patient were treated with Anel's eye-syringe, and the frequent free use of the carbolic solution, when he first noticed any difficulty with the tear-passages, stricture would not result; and if at all, would readily yield to this simple treatment; and in quite obstinate cases, a persistence in this treatment will often reward you with the most pleasant and permanent results, probably without having recourse to any other operative treatment than a slitting up of the canaliculus, or, may be, the canaliculi.

The Value of Oatmeal as Infants' Food.

In a communication to the Société Médicale des Hôpitaux, MM. Dujardin-Beaumetz and Hardy make known the results of the employment of oatmeal on the alimentation and hygiene of infants. According to them, oatmeal is the aliment which, by reason of its plastic and respiratory elements, makes the nearest approach to human milk. It also is one of those which contains most iron and salts, and especially the phosphate of lime, so necessary for infants. It also has the property of preventing and arresting the diarrhœas which are so frequent and so dangerous at this age. According to the trials made by M. Marie, infants from four to eleven months of age fed exclusively upon Scotch oatmeal and cow's milk thrive very nearly as well as do children of the same age suckled by a good nurse.

Singular Wound of the Heart.

A case recently occurred, says the London *Medical Times and Gazette*, under Professor Richet, at the Hôtel-Dieu, presenting an additional exemplification of the fact that wounds of the heart are sometimes attended with little or no functional manifestation of the accident. The patient had discharged a revolver over the cardiac region, and the ball was found to have lodged behind, at the side of the spine, and so little was the respiration affected that it was at first thought that it had not traversed the chest. On careful auscultation, however, M. Richet pronounced that hæmato-pneumothorax was present. Nevertheless the heart continued to beat with a normal regularity. Next day, after a paroxysm of coughing, considerable hemorrhage took place from the wound, accompanied

by the noisy issue of air at each respiratory movement, the upper part of the body becoming emphysematous. The heart's action, as well as that of the pulse, continued quite regular. After a few hours death ensued on the hemorrrhage, and at the autopsy a small contused wound at the apex of the heart was found, while a larger portion of the organ exhibited marks of contusion, due to the friction of the fragments of a broken rib. The pericardium contained a little blood, and the lower lobe of the lung had been traversed by the ball throughout its entire extent.

The Sphygmograph in Bright's Disease.

The investigations of Mr. Mahomed, of the Fever Hospital, Madras, tend to show that in the form of Bright's disease which follows scarlet fever, there is an early stage, the first indication of which is usually a pulse exhibiting high tension, though this may be preceded by dry skin and confined bowels. Next comes, as first in the order of changes in the kidney, a urine which contains no albumen recognizable by the ordinary tests, but some blood stuff, which yields the blue reaction with ozonic ether and tincture of guaiacum. If matters still go on, this is followed by the ordinary serum-albumen, and when that is abundant no blue reaction can be obtained. Moreover, Mr. Mahomed says that he has only been able to get this blue reaction when the tension is arterial, not when it is purely venous.

Fractures of the Skull.

M. Felizet has lately made a series of observations showing that fractures of the skull, in their formation, follow a certain law. By drawing eighty tracings on the same skull, of fractures which he found in various museums, he determined that there existed one point at least at which no fracture occurred, viz., at the basilar apophysis, which formed the centre point of the whole, the skull itself being composed of six symmetrical vaultings, which were found to be mathematically correct.

Destruction of one of the Hemispheres of the Brain—Recovery.

M. Porta gives a remarkable case of recovery from this injury. A man, æt. twenty-eight, received a severe blow, which fractured his parietal bone, and spilled his brain; he remained in hospital several months in a critical state, the bone exfoliated and the wound healed, but a paralysis of one side remained. On examination, one year and a half afterwards, a depression was found, covered by cicatrized skin, into which the finger could be pushed down, and a large void could be found. When the man hung his head the skin became bulged out, apparently with fluid, fluctuating and without pulsation; no intellectual loss was evidenced, and a paralysis alone followed the injury.

Preservation of Meat.

M. Poggiale described to the Academy of Medicine, at a recent meeting, the process followed by M. Tellier, in his establishment at Auteuil, near Paris, for the preservation of meat. The vessels or chambers in which the meat is inclosed are kept cool by the alternate vaporization and condensation of methylic ether. Specimens of meat and game that had been kept in this way for weeks were examined, and found to be in good preservation. The game, however, had lost somewhat of its flavor.

Fusil Oil in Whisky.

It appears, says the *Medical Press and Circular*, that although Irish whisky is free from intentional sophistication, much of it on sale at present is quite unfit for use, on account of the large amount of fusil oil which it contains. This oil is always present in new whisky. If it be removed therefrom, the whisky is converted into the flavorless spirit of wine; but if it is left in the whisky, it is gradually converted into those agreeable ethers, on the presence of which in old whisky the characteristic flavor of that liquor depends. Fusil oil is highly poisonous, and therefore new whisky, which contains so much of this stuff, is unwholesome. People mistake the fiery new whisky for adulterated whisky.

Vanillin from the Pine.

A very important chemical discovery has recently been made in the laboratory of Professor A. W. Hoffman, at Berlin. He has produced from the cambium juice of certain trees of the *Coniferæ* order a crystalline substance, to which he has given the name of *vanillin*. This vanillin is a perfect substitute for vanilla, and is a very remarkable addition to the series of the popular and economic triumphs of modern chemistry.

Correspondence.

Meddlesome Midwifery.

Ed. Med. and Surg. Reporter:—

In your journal of May 9th, you have an article on "Delivery of the Placenta by Suprapubic Expression," from the pen of that most excellent obstetrician, Dr. William Goodell, in which he refers approvingly to Crede's method of placental delivery. In order to present the subject fairly, I shall here quote, word for word, Crede's process, as given by Dr. Goodell, lest he might, like Dr. King, feel indignant at my attempt to condense or abbreviate it. "After the cord has been cut and the child removed, the fundus of the womb is grasped, through the abdominal wall, between the thumb in front and the fingers behind. It is then, at the maximum of uterine contraction, to be forcibly squeezed, and at the same time pressed downward and backward. By means of this uterine expression, the placenta and membranes are usually at once detached and extruded. Sometimes, indeed, they will suddenly pop out of the vulva, just as a stone escapes when a cherry is pinched between the finger and the thumb. Occasionally it will need *two or more* pains (italics mine) to effect this. But the sooner the plan is resorted to after the birth of the child the more easy in execution it will be." Of this plan he also says, "it empties the womb of all clots, and squeezes it down to its minimum capacity. Adherent placenta is less frequently met with." Such is Crede's plan, approved by Dr. Goodell. If these were the opinions of an obscure country doctor, or a private city practitioner, I might let them pass without comment, but when they come to us from experienced and popular teachers, whose utterances are accepted by many as indisputable truths, they need examination. From this teaching, young physicians just commencing practice would feel it incumbent on them to begin, immediately after cutting the cord, to squeeze and press the abdomen, in order to force away the after-birth. Now is this necessary? Does not every experienced physician know that if the woman be allowed to remain still for fifteen or twenty minutes, and thus have a chance to recuperate her forces, that in ten out of eleven cases the after-birth will be thrown down into the vagina, and not seldom entirely expelled? If his experience has not taught him this, then he has not allowed nature a full, free chance to do her work, but has officiously interfered with her. I have, sometimes, from a desire to finish up things speedily, prepared to deliver the after-birth, when the woman would check me by saying, "doctor, I have no pain yet, please leave it a few minutes, one or two pains will generally bring it." Dr. Crede himself admits that it sometimes requires two or more pains, even when he is grasping and squeezing the womb. He does not attribute to the contracting womb any agency in the expulsion, but says, "by means of the uterine expression the placenta and membranes are usually at once detached and extruded."

Now, I do not think the pressure over the uterus by the hand has anything to do with it, and further think that the hand should not be there at all in an ordinary case. The slightest pressure is often very painful to the patient, the abdomen is frequently very sore and tender, the woman exhausted by her long and painful efforts, and she sinks relaxed and helpless the moment the child is born. The womb has shortened itself as it has followed the child in its exit from its cavity, and now rests from its labor, enclosing pretty closely, not the solid, angular child, but merely the soft placenta. Shall she not now be allowed the brief time needful for short repose before the uterus shall again be awakened to efforts to rid itself of the after-birth? Must the doctor now, regardless of the comfortable state in which the mother finds herself, regardless of the tender condition of the abdomen, regardless of the fact that the natural processes will in a few minutes throw down the placenta with almost no suffering to the patient, rudely grasp her immediately over the womb, now scarcely the size of a quart measure, and, sticking the thumb down front and the fingers behind, forcibly squeeze, and at the same time press the womb downward and backward, regardless alike of her sufferings and her remonstrances? And for what? To detach and extrude the placenta and membranes, says Dr. Crede. Is this necessary? Will not the womb do it in a few minutes if the time be allowed? Is not that the natural office of the womb? Is it not a most valuable arrangement of nature that, after the birth of the child, all expulsive efforts shall cease for a short time, that the woman may rest and recruit, and that the womb may hold the placenta and membranes close in its embrace, and thus hemorrhage be prevented, until, the proper time having elapsed, it shall make its final effort and force them away, thus completing the labor? But, again, is the manœuvre proposed by Dr. Crede, setting aside its impropriety and the suffering inflicted on the patient, efficient in expelling the after-birth? I think not; I believe it has no agency in the matter other than as a possible provocative of uterine contractions. And if it should provoke those contractions before the expiration of the natural period of rest for the uterus, it would be injurious; certainly worse for the patient than if the uterus had been allowed time to act naturally. Dr. Crede grasps the uterus when at its maximum of contraction, and squeezes downward and backward. Now I ask any practitioner whether he thinks he could aid in *pushing out* the after-birth when the uterus is contracted so strongly that his fingers, even if there were no skin and abdominal muscles covering the womb, could no more indent it than they could the sides of a tin cup? He is not trying to push the *womb* out of the body, when he presses downward and backward, but only the placenta out of the womb. Though he should forget that there is a living,

suffering woman, a sore and tender abdomen under his strong grasp, and should exert his utmost force, think you he could contract the cavity of the womb, which now in its state of maximum contraction reminds him of a cannon-ball? No; his fingers would not be felt by the contents of the uterus. But he has his hand there, while the womb, unconscious of its presence, is forcing away its now useless contents, and when all is over, the uterus, the real agent, is cheated of the credit of the performance.

Let us now inquire whether, if the uterus were in a relaxed, flaccid condition, the grasping, forcing manœuvre would avail to press the after-birth out of the womb, and out of the body, leaving the womb in its normal place. It was long since recommended by Professor Dewees, and by writers since his time, when hemorrhage was present and the womb flaccid, to make a light pressure over the abdomen to excite the womb to contraction; when it hardened under the hand all was accomplished that was desired. It is apparent that any pressure made on a flaccid womb would force it down, with the contents, and would greatly tend to produce inversion, unless contraction were induced. It is, therefore, only as a provocative of contraction that a gentle movement of the hand over the uterus should be made; a heavy, grasping and squeezing movement never. But the assertion is also made, that "adherent placenta is less frequently met with." How can this be possible? When the child is born the placenta is adherent, or not, without regard to the opinion of the physician as to this or that mode of removing it. The condition of the womb and placenta was fixed before the birth occurred. But let us suppose it to be adherent, does any one think the adhesion could be broken up by pressing his thumb and fingers over the womb, when at its maximum of contraction? Certainly not. Again, it is said that this squeezing process "empties the womb of all clots, and squeezes it down to its minimum capacity." Analyzed, this means that by your fingers on the abdomen you may press on this contracted and resisting ball, and force all the clots out of it. That is, your fingers do it, the contracting womb has nothing to do with it. Though hard itself, and as resisting to the fingers as an earthen jar, it is spoken of as if it were a piece of fresh bread, which you can take between your thumb and fingers and press and squeeze into less than half its size, and which, when the pressure be removed, will remain at its minimum size.

I have a hope that this brief essay will cause the many readers of your excellent journal who practice midwifery to allow nature fair play in her wonderful work, and to interfere with her only when she fails in its performance.

I yield to no one in my high appreciation of the valuable service given to the science and art of obstetrics by the author of the paper examined, but the days of blind obedience to authority have passed away, and men must give reason for the faith that is in them.

HIRAM CORSON, M. D.

The Longevity of Physicians.

ED. MED. AND SURG. REPORTER:—

We have been making a collection of facts concerning the ages of physicians, the result of which we give below. Commencing with the twelfth volume of the REPORTER, and ending with the issue of May 2d inst., we have found 892 obituary notices of physicians, whose ages were given. We took *one* from the *Northwest Medical and Surgical Journal*, and *seven* from the report on Necrology made to the American Medical Association at its meeting in St Louis, making in all 900. The average age of this number is 56.57 years; the minimum age being 21 years, and the maximum age 103 years.

The number of deaths

Between the ages of	20 and	30,	63, or 7	p. ct.
" "	30 and	40,	125, or 13⅞	"
" "	40 and	50,	104, or 11⅝	"
" "	50 and	60,	145, or 16⅑	"
" "	60 and	70,	187, or 20⅞	"
" "	70 and	80,	163, or 18⅛	"
" "	80 and	90,	96, or 10⅝	"
" "	90 and	100,	16, or 1⅞	"
" over	100,		1, or ⅑	"

Respectfully, etc.,

H. WARDNER, M. D.,
H. J. STALKER, M. D.

Cairo, Ill, May 6th, 1874.

Singular Case of Lead Poisoning.

ED. MED. AND SURG. REPORTER:—

I send you the following report of a case occurring in the course of my practice, believing that its extreme rarity will warrant its insertion in your columns:—

The patient, B. J. Foster, of New Braintree, Mass., has presented the general train of symptoms occurring in cases of chronic lead poisoning for some years, judging from the history of the case.

He has followed the occupation of house and carriage painting for quite a number of years. Early this present spring I put him upon a course of iodide of potassium. This course was interrupted after two weeks, by a paroxysm of intermittent fever, which yielded to a course of muriated tincture of iron and quinia. After the intermittent fever ceased he returned to the treatment by the iodide. He had been complaining of pain in the region of the stomach, which gradually changed lower and lower, until the idea suggested itself of giving him a cathartic dose of submuriate and aloes. In the dejection which followed there came a mass of foreign body, which, upon examination, I found to be white lead.

I took this home, and found that it weighed one-half drachm. All the pain, motion, and trouble ceased from that time onward. This idea of white lead thus aggregating in the stomach, which can only gain admission by absorption from the cutaneous surface, or by inhalation, is a new one to me.

I venture to ask any medical gentleman who may chance to read this article, and recalls any similar phenomenon, to report such case, together with any reasonable hypothesis in explanation. I would add here that the patient, an intelligent man, and grandson of an able physician, with whom he spent his childhood and youth, disclaims any imputation of malingering or dishonesty in the history of this case.

I report it simply for the purpose of drawing out an expression of similar experience in the practice of other physicians. A. G. Blodgett.

West Brookfield, Worcester Co., Mass.

Crede's Method with the Placenta.

Ed. Med. and Surg. Reporter:—

In a late issue of the Reporter is a note in reference to "Crede's Method of Placental Delivery," with the inference that perhaps the practitioners did not act upon such plain mechanical principles as lead to this method of aiding the removal of the placenta.

I hope the inference is incorrect, and that the *practice* may have been *constant*, but, that it was the *name* of "Crede's method," which was unknown. The writer has, for over twenty years, pursued this course, and for the last ten years has rarely ever cut the cord before the placenta was by this method expelled. But adopting this does not always relieve the operator from making some traction on the cord, but if this traction be made in the proper direction, the two forces combined will rarely fail in removing the secundines before there is any necessity for cutting the cord. .There is one more benefit that Dr. Goodell has not mentioned, viz., that this quick and firm contraction not only prevents hemorrhage and after pains, but by preventing the formation of clots, we also check the discharge more quickly; thus saving the patient from a drain on her that cannot but weaken her and retard convalescence, besides relaxing the uterine fibres and leading to future uterine disease. In the majority of cases, by the fifth or sixth day, the discharge has, to a great degree, if not entirely, ceased.

R. Stewart, m. d.,
1838 *Green Street, Philadelphia.*

News and Miscellany.

Bidding for Professional Attendance.

A correspondent in Iowa writes us that the Clinton County (Iowa) Medical Society suspended two of its members for violating its rules, in putting in bids and taking contracts for doing the township poor business, at so much per year.

The defense was that it was not in violation of the Code of Ethics, as interpreted by Dr. Davis, of Chicago, and by the custom in various places. An evasion of the question was sought, on the ground that doing the township poor business at lower than regular rates was not different from accepting an appointment to do life insurance examination or railroad business, at fixed rates.

The Society thought otherwise, knowing it to be against their own rules, and believing it to be contrary to the Code of the American Medical Association, unjust, and unprofessional.

Sanitary Condition of Philadelphia.

The Mayor, in his late report, says:—

The general sanitary condition of the city has been unusually good during the past year; no epidemic or contagious disease has prevailed, and our mortuary record shows a decrease of 3763, or 19.82 per cent. from the previous year. The number of births registered was 18,702, or 6.80 per cent. The number of marriages registered was 7891.

He also adds:—The Pharmaceutical Examining Board reports a number of persons as now conducting the business of druggist without the certificate of registration required by law. These names will be placed in the hands of the law officer, to take such measures as the case requires; for, as the Board very properly says, "the entire community is interested in being supplied with pure and efficient medicines by competent dispensers."

Small-pox in Madrid.

A correspondent of the *British Medical Journal*, in Madrid, writes:—We have had for the last seven or eight months a most fatal epidemic of small-pox, which still continues, and no wonder, as neither the Government nor people believe in contagion of any kind but in *phthisis!* They will flee from that; and if a patient die, and it be known that he died of consumption, the house in which he died will remain uninhabited for years. The present epidemic is of the hemorrhagic and confluent type. Not a single precaution has been taken by Government to prevent its spreading.

Oral Instruction of Deaf Mutes.

We see, in the London *Medical Times and Gazette*, May 2, that a general meeting of the Association for the Oral Instruction of the Deaf Mutes in London was held April 22. Earl Granville, the President of the Association, presided. The school was opened with three girls and one boy, on July 15, 1872, and at the present time the number has risen to thirty-six. The course of instruction comprises lip-reading, speaking, reading, writing, arithmetic, and geography, with drawing, and plain and fancy needle work for the girls. One pupil has obtained a certificate of the second grade for drawing, from the Science and Art Department. In supplementing the report with some remarks upon the altered treatment of the deaf and dumb, Earl Granville said that so far the system adopted was shown to be preferable to that of the Abbé

Sicard, in developing the latent faculties of deaf mutes and enabling them to mix in the world on an equality almost with those whose organs of speech and hearing were perfect.

Salting the Streets.

A New York letter says, John Birdsall and five other persons were on trial in the Oyer and Terminer for salting the streets, one day last winter, in violation of a Board of Health ordinance. The object in view seems to be the obtaining of some definitive scientific view of the effect of that practice on the health of man and beast, rather than to punish the parties accused.

Dr. Sayre, Mr. Henry Bergh, and Dr. Grice, all testified to the ruinous effect on horses' hoofs, and also to the deleterious influence on persons exposed to it. Many valuable animals had to be killed, owing to the rotting of their hoofs by snow and salt commingled.

Cremation Items.

—A New York journal says that a wealthy gentleman of that city had added a codicil to his will, ordering that after his death his body shall be injected with petroleum, placed in a metallic coffin and then be deposited in one of the retorts of the Manhattan Gas Company's works. If afterwards no one wishes to inter his ashes they are to be delivered to the Central Park Commissioners, to be used as fertilizing material on one of the flower beds near the music stand.

—The first stove specially constructed for the purpose of cremation is shortly to be tested at Dresden. The time required for reducing bodies to ashes, the quantity of fuel needed, and other matters connected with the process, are to be tested with a view to the public adoption of cremation. Both Leipzig and Dresden have signified their willingness to make trial of the process.

The Brain of a Murderer.

The murderer Waltz, who was executed at Catskill, N. Y., in April, was dissected soon after his death by six physicians. They found the neck broken. They then opened the skull, and on examining the brain found it to weigh fifty-four ounces, a half ounce heavier than that of Daniel Webster, and fourteen ounces heavier than the average brain of a human being. The intellectual faculties were largely developed. The physicians could discover nothing to indicate insanity.

Corrigenda.

In the number for April 25th, page 383, column one, line thirteen, for "bowels" read "throat;" line twenty-four, for "weeks" read "months;" and column two, line eleven, for "chlorid." read "bichloride."

Charge of Forcible Dentistry.

A curious grievance is that of Mrs. David Montes (colored), who complains that she went to a certain dentist's office the other night, to have a tooth drawn, but, having decided not to have the operation performed, the dentist invited her into his private office, where he pulled two molars against her will, and charged her a dollar for the job.

Value of Amusements.

Sir Henry Thompson, one of the most distinguished of English living physicians, said in a recent speech that all men of action, whether educated or not, require a foil of some kind to their hours of blank toil, and went on to say that if you take away liquor from the workingman you must put in its place some agent of amusement which will give the elevation of spirit and buoyancy of heart furnished by alcohol. He holds, therefore, that on all days, and especially on Sundays, coffee-houses, reading-rooms, libraries, museums, and picture galleries should be thrown open to laborers.

Personal.

—Sister Mary Joseph (Keating), of the Visitation Order, died in Washington this month. She was the mother of Dr. Wm. V. Keating, of this city, formerly Professor of Obstetrics in the Jefferson Medical College. She united with the Order about twenty-five years ago, and at the time of her death was seventy-four years of age.

—Dr. Jacob Hay, Sr., died suddenly at York, Pa. He was a prominent physician, and was President of the York National Bank.

—At Lewistown, Me., Dr. Peleg B. Trask has been convicted of manslaughter, in causing the death of an infant through negligence.

—Dr. F. B. Winslow, the late distinguished alienist, left a personal estate of $225,000.

—A few years ago, in building a freight depot in St. Louis, lumber was used that had been saturated with corrosive sublimate, arsenic and salt. This process was called formanizing, and was intended to prevent rot by excluding dampness. In handling the lumber the carpenters and laborers absorbed the poison into their systems, several dying, and many others remaining for a long time paralyzed and debilitated. Ten of the latter have now sued the contractor for $25,000 damages in each case, claiming that they are permanently unfitted for work.

—A number of Boston physicians, who for years gratuitously attended a sick woman who pretended to be destitute, were recently paid in full for their services, several thousand dollars in first-class securities having been found among the effects of their patient.

—The Reading *Gazette* publishes an account of Mr. John Hepner, of that city, who is the father of forty-one legitimate children! He has had three wives, and is now fifty-nine years of age.

—A lady, well known in the fashionable world of Paris, it is said, has for years been in the habit of seeing her physician daily. The physician always took his fee, but never had occasion to prescribe for his patient. He called recently, however, and was denied admittance. "Monsieur le Doctor," said the servant, "Madame cannot receive to-day, she is indisposed."

QUERIES AND REPLIES.

Rotheln.

Dr. K., of Ills.—We are aware that *Rötheln* is often and correctly applied to rubeola in German; is its common name, in short. But as used by many American writers, it has been applied to an exanthem, which seems to be a hybrid between rubeola and morbilli. See the HALF-YEARLY COMPENDIUM, January, 1873, page 154. Vogel, in his work on Diseases of Children, first drew the distinction.

Pulmonic Syrup.

Dr. S. A. V., of N. J., and others.—The recipe given us as that of Dr. Schenck's cough syrup, is: a large handful each of hops, elecampane, pipsisseway, tansy, horse-mint, ground ivy, hyssop, camomile flowers, hoarhound and wild cherry bark, Indian turnip, half an ounce. Boil in one gallon of water down to two quarts. Add one quart of molasses and one pint of brandy. Then boil to a syrup.

Chloral Poisoning.

Dr. M., of La., Asks what treatment should be pursued in the last stages of poisoning by chloral hydrate, when deglutition is impossible and signs of collapse imminent.

Dr. G. W. S., of R. I.—The account book we prefer is Goff's. Many like that of O'Conner. The former is somewhat simpler, and allows of all necessary brevity.

OBITUARY.

DR. JOHN G. F. HOLSTON,

Formerly of Zanesville, Ohio, professor of anatomy in the Georgetown College, and a well-known physician in Washington, D. C., died May 1st. Dr. Holston was stricken with paralysis over ten years since, from which he never recovered, and though at times giving hope of convalescence, yet he gradually sunk under the affliction. He was connected, during the rebellion, as surgeon-in-chief of Blenker's division, Army of the Potomac, and subsequently was one of the medical directors of the Army of the Tennessee, and many, including President Grant, can testify to his heroic devotion.

At a called meeting of the Zanesville Academy of Medicine, the following resolutions were adopted:

That we, whose occupation has been to relieve human suffering, are reminded that the time must come when our places on earth shall be vacated. Therefore,

Resolved, That in the death of Dr. Holston the Zanesville Academy of Medicine loses one of its prominent members, and the profession at large an eminent physician and surgeon of extensive professional and literary culture, ripe experience and accurate judgment; and society a warm-hearted, genial and generous member, whose life has been mainly devoted to the good of his fellow-beings.

Resolved, That we attend the obsequies of our deceased Fellow in a body.

Resolved, That we deeply sympathize with the family and relatives of the deceased.

Resolved, That the Corresponding Secretary transmit a copy of these resolutions to the family, the city Press, and the Medical Journals.

C. C. HILDRETH, Chairman.

A. E. BELL, Secretary pro tem.

JOHN A. YOUNG, M. D.

Died, on Sunday morning, May 3d, 1874, John A. Young, M. D., of Monmouth, Ill.

He was born in Chilicothe, Ohio, Feb. 1, 1812, and was sixty-two years and three months old. He commenced his medical studies under the tutelage of Dr. Joshua Martin, of Xenia, Ohio, and graduated at the old Cincinnati Medical College, in 1838. In 1839 he located in Monmouth, Ill., which was then far out on the frontier of civilization, where he remained in the practice of his profession up to the time of his last illness. He was one of the oldest and best practitioners in the State. A man of sound intellect and solid acquirements, in and outside of his profession, he seems to have recognized the fact that the physician should never cease to be a student.

He lived a most useful life, and was honored and trusted most by those who knew him best. His loss will be deeply deplored by a large circle of professional and non-professional friends; especially by the younger physicians, to whom he was ever a kind friend and reliable counsellor. His practice, in the earlier part of his life, was extremely laborious, being scattered over a wide field of sparsely peopled territory.

Ten years ago he was attacked with acute articular rheumatism, which resulted in partial anchylosis of both knee joints, necessitating the use of crutches. He, however, continued his studies with all the ardor of a young student, until prostrated by his last fatal illness. H.

MARRIAGES.

SAYRE—PLATT.—At Delaware, Ohio, April 23d, 1874, by the Rev. John Ufford, assisted by Rev. E. H. Cummings, Mr. Lucius Elmer Sayre, of Philadelphia, and Miss Ellen Hulme Platt, of the former place.

DEATHS.

HARDING.—At his residence, Batesville, Indiana, May 1st, 1874, Douglas H. Harding, M. D., son of Dr. Harding, of Lawrenceburg, Indiana.

MCFARLAND.—In Cleveland, O., May 1st, 1874, Dr. J. A. McFarland, in the 53d year of his age.

MCVICKER.—In Williamsport, Pa., May 7th, Sallie S., daughter of Dr. Jas. P. and Maggie P. McVicker, and grand-daughter of Dr. Samuel Pollock, aged 2 years and 4 months.

MCVICKER.—In the same place, May 15th, Bessie R., only surviving child of Dr. Jas. P. and Maggie P. McVicker, aged 4 months.

SCANNELL.—At Washington, D. C., on May 19th, 1874, of pneumonic phthisis, Cornelius Scannell, M. D., in the 26th year of his age, a native of San Francisco, Cal., and for some years connected with the office of the Surgeon General, U. S. A.

THE

MEDICAL AND SURGICAL REPORTER.

No. 901.] PHILADELPHIA, JUNE 6, 1874. [Vol. XXX.—No. 23.

Original Department.

Lecture.

THE CEREBRAL POWER IN MAN.

The last Toner Lecture was delivered by Dr. Brown Sequard, at Washington, April 22.

He commenced by saying that his views, he hoped, being somewhat novel, would command attention. The facts he would dwell upon were new, probably would not be generally accepted, and perhaps would not be easily understood by those not familiar with medicine.

Have we two brains? and, if so, why not educate both? The views of science upon this subject were different from his. The left side of the body was the side affording volition to the brain, and, *vice versa*, the right side of the brain afforded volition to the body. Eminent authorities had declared that either side of the brain was competent for this purpose.

But we use only one side, and, therefore, leave out of account one-half of brain matter. We owe due education to both sides of the brain, or, rather, to the two brains.

As to intelligence, the eminent authorities he had cited established the fact that either side of the brain was competent for full development of the faculties. There were many persons of two minds, because they were never able to make up their minds. Some men claimed to be rational while they were insane. There were many cases that show clearly that there were two brains. He had known a boy in London that manifestly had two brains, whose peculiarities he described. He would fall into a comatose state, and suddenly open his eyes brightly, inquiring of his mother why he was not introduced to the gentleman who was present while he was asleep. Again, the lecturer saw him when the boy recognized him. He had two mental lives. He knew nothing of what occurred in his sleeping condition, when fully awake; and when in the latter condition he knew what had occurred when in the former. The lecturer had seen three cases of this kind.

As regards faculty of speech, the fact that we had two brains was not so easily proved. The loss of the faculty of expression depends upon disease of the left side of the brain; and this proves that the right side is distinct.

As regards sight, a theory has been put forth by a celebrated physician of London, that the right side of the base of the brain is the centre of sight. The inner half of the right eye and the outer half of the left eye have the base of the brain as the centre. A disease in the left side of the brain, where the optic nerve touches, would therefore affect only one-half of the brain. Notable cases were given in which parties had seen but one-half of certain objects that they gazed upon. If the disease exists only in the left side of the base of the brain, only one-half of the eye will be affected. So there are many cases that go to sustain the philosophers. But we do not accept conclusions unless theory is thoroughly supported.

There were three series of facts, but one would be enough to show that the theory should be rejected. Disease of the brain, where the optic nerve touches, would not be sufficient to cause loss of sight. One side of the brain would be sufficient to sustain sight. An alteration in any portion of the nervous system, acting upon other parts, can produce disease in that part. Injury

to the spinal cord would produce loss of sight on either side. There was nothing more common than the loss of sight temporarily in children who suffered from worms in the stomach. Any injury in one-half of the brain can exist without producing loss of sight. Either half of the brain may, therefore, serve to sustain sight.

As to the voluntary movements, these depended upon the action of the body. Yet there were many small muscles which were not affected in cases of paralysis. There were cases on record in which it was shown that the lower lobe of the brain could be destroyed without affecting these voluntary movements. There were several such cases. We must, therefore, look on one-half of the brain as being sufficient to sustain voluntary movements on both sides of the body. An irritation in any part of the brain may affect any part of the body, and an irritation in any part of the body can produce paralysis in another part. The irritation could also act upon remote parts. This shows that the power of will does not control the entire action of the body. When paralysis occurs it depends upon irritation.

The same reasoning applies to sensation. There were thousands of cases affecting the brain that did not affect the feeling. Passing these facts in review we find vast differences owing to the fact that one-half of the brain was developed for certain things and the other half for other things. To the left side of the brain belonged the faculty of expressing ourselves by speech. Articulation depended in great measure upon the left side of the brain. Difficulties in the mechanical point of speech were more frequently found when the left side of the brain was diseased. It was the mental part that was lost, and not the mere mechanical action. The left side of the brain was also the motive power of gesture. When the left side was diseased, patients lost the power of gesticulation.

As regards writing, it was lost more frequently in diseases of the left side of the brain. The right arm was paralyzed by diseases of this side. Many thus diseased could not write from memory, although they could use their fingers and copy. In those cases it sometimes occurs that persons could not write at all.

Intelligence depends more upon the healthfulness of the left side than of the right side of the brain. The right side of the brain in some cases has the power of the left, if properly developed. This serves to hysterical developments and to nutrition of the body. One, the left, applies to mental; the other, to the natural life.

The right side of the brain operates upon the limbs in cases of paralysis and other diseases; also upon disturbances in the lungs, liver, and other parts. Hysterical and emotional symptoms are more common in cases of disease of the right side of the brain; out of 120 cases of paralysis that came under the lecturer's observation there were 96 caused by disease of the right side. An alteration of the retina of the eye will come more frequently from diseases of this side of the brain. Out of 69 cases of convulsions of the eye, 47 were due to disease of the right side. Death occurs much more frequently by disease of the right side of the brain, and in cases where patients do not die it will produce more extensive and enduring paralysis.

All this shows, not that the two sides of the brain differed originally, but that there were different developments of each. The left side of the brain was much larger than the right side. If a person went frequently to the same hatter, he would find that his hat had from time to time to be enlarged. There was no question that the brain grew. By studying a particular subject the person became more proficient, and the brain was more fully developed.

There was no doubt that the left side of the brain predominated in our system. Our being right-handed showed it. There was no population in the world that was not right-handed. The right hand of the body was mostly used. Left-handed individuals used the right side of the brain, showing the connection between these things.

There was primitively a difference between the two brains. In children convulsions were sooner developed in the left than in the right side of the brain. This was attributable to excess of blood in the left side. Parrots roosted on the right legs, and their talking power came from the left side of the head.

There were four vital points to be considered. The first was that asphyxia was connected with the left side of the brain in persons that were right-handed, and with the right side in those that were left-handed. The second point was that children who were first learning to talk, if disease came in the left side of the brain, learned to talk just as well with the right side of the brain. Though losing half of the brain, they got along just as well.

This proved that the right side could be edu-

cated, with the left hand for execution. The third point was, that four out of every hundred left-handed persons learned to write with the left hand; therefore the left side of the brain, even with persons left-handed, could be educated better than the right side. The fourth point was that the leg was rarely so much affected by paralysis as the arm. He, however, would pass over this argument, as it could only be understood by medical men.

If the lecturer had established that we had two brains, then they should be developed. If we could develop the legs and the arms of both sides we could develop both sides of the brain. If we gave as much attention to the left side of the body as we do to the right side, we would fully develop our two brains. The important point, therefore, would be to make children use both sides of the body—alternately using the right and left arm and the right and left leg equally. There would be no difficulty in thus training children to full development.

Even adults who had lost speech by disease of the left side of the brain could regain the power by cultivating the right side. In gesture, persons who had lost the use of the right arm could be trained to use the left. If children were thus trained, we would have a sturdier and healthier race, both mentally and physically.

Communications.

THE PATHOLOGY OF CLUB-FOOT AND ITS TREATMENT BY ELECTRO-MASSAGE.

Read before the Baltimore Medical Association, January, 1874.

BY J. J. CALDWELL, M. D.

The learned Professor Crosby, before a late meeting of the Pathological Society of New York, said, "It is the theory of the orthopædists that the atrophy, diminished temperature, and cyanotic appearance are due to the bending of the vascular channels out of their natural position, by which both the ingress and the egress of the blood is much diminished and retarded. If, in a case of congenital talipes, the foot is immediately carried into a normal position and retained there, the bent vessels are straightened, and the foot and leg may then be fully nourished and atrophy avoided. The astragalus is so deeply received between the maleoli, and so firmly held by the lateral ligaments, that the motions of flexion and extension are alone permitted. The ankle is thus seen to be purely a ginglymoid, or hinge-like articulation.

"Our knowledge of anatomy teaches us, that of the twelve muscles passing from the leg to the foot, nine are inserted anterior to the medio-tarsal articulation, or in front of the articulation of the last row of tarsal bones with the upper extremities of the metatarsal bones. The three remaining muscles, namely, the gastrocnemius, or belly muscle; soleus, or sun-fish muscle; plantaris, or base muscle, are all inserted into the tuberosity of the os calcis, or spur-bone. It is at the medio-tarsal articulation that the distortion of club-foot occurs. In talipes calcaneus the ankle is in fault, but in no other variety; and hence, here the term club-foot is a misnomer.

"In talipes equinus the heel seems to be drawn up, as though the distortion was at the ankle; but a careful examination will show that the heel is not drawn up, but the foot anterior to the medio-tarsal articulation has dropped downward, the result of paralysis of the extensor muscles.

"In the cavo-varus, or twisted arch, the plantar fascia is much shortened and contracted, by which the antero-posterior arch of the foot has been exalted, and a talipes cavus engrafted on the other distortion. In varus, the deformity is due to spastic, or jerk-like contractions of the anterior tibial, and measurably of the posterior tibial muscles. The perineal or fibular muscles are paralytic; thus the tibial muscles rotate the foot inward. Lastly, the tarsal bones, from continued pressure and neglect of proper treatment, invert, become permanently misshaped and deformed. Hence the necessity of early remedial efforts, while these plastic tissues are amenable to restoration."

So much, Mr. President, for Dr. Crosby's graphic descriptive pathology. By it we hope to be able successfully to illustrate the following typical duplex case of cavo-varus, with a satisfactory result.

Augusta R., aged six years, born of healthy parents, and free from hereditary taint, presented a few months ago, suffering from congenital club-foot, as above named. In the early days of infancy was unsuccessfully treated for this deformity, as her photograph will illustrate. It may be plainly seen that both inferior extremities are implicated; first, by the varus, or twisted, and superadded to that, the cavus, or

arched club-foot. Our mode of treatment was as follows: First, to tone up these paralytic muscles and nerves, and revitalize these atonic vessels, with a view of re-establishing nutrition to these parts. We made daily alternating applications of the galvanic and faradic currents, their values being materially different and essential. By the galvanic current we re-establish the lost temperature and circulation, or extra nutrition. By the faradic application the muscular irritability and contractions, or elasticity, are restored. With this view we also ordered the limbs to be shampooed or massaged (from the Arab, *massa*, or the Greek verb *masso*, to knead). This treatment by massage was made famous by Dr. Metzger, of Bonn, in the treatment of joint diseases. His reputation was greatly increased in his successful treatment of the Danish Crown Prince. Thus we have combined these modes, and term it the electro-massage treatment. In this case we also instruct the parent in daily application of rubbing the affected part with the phosphated oils, another source of nutrition to the nerve peripheries, and mobility to the relaxed tissues. Furthermore, to overcome the deformities, we apply the club-foot shoe and lateral brace, of such construction as to give free vascular and muscular action, and yet maintain all the parts in a natural position, with NO MODERATE DEGREE OF SUCCESS, as my late pamphlet will indicate. To this little girl we have been able to restore, at this early stage of treatment, much of the rotundity, force and shape of the affected parts. I am encouraged to hope soon to be able to present the case to you in *persona propria*, fully developed. For the few cases we have successfully treated by this method we modestly refer you to the pamphlet or cases related before the faculty of this State at its last annual meeting.

In electro-massage, the hand of the operator must be the electrode. Thus each faulty, weakened muscle must be found, massaged, and revitalized. With this little patient the treatment has so restored the dorsal pedis muscles as to have greatly elevated the fallen tarsal bones. By it, also, the plantar fascia has been expanded, lengthened, and strengthened, having the effect of lowering and graduating the arches. Again, the tibial and fibular muscles have been so co-ordinated and retoned as to invert the foot and give a natural rotundity to the legs. Indeed, we must confess surprise, especially in this case, to have witnessed so rapid and so effectual an issue, for there remains none of the coldness, blueness, or pale and shriveled appearances, and but comparatively little of the old distortion.

The shoes, we believe, are the simplest used in club-foot troubles, being a modification of Dr. McLean's excellent apparatus. On the inside of the shoe, and fixed to the sole, is a sheet of steel or metal, so reflected as to cover the articulations of the great toe and the neighboring parts; and, attached to the middle third of the outer border of the sole (the hollow) is a lateral steel splint, light and elastic, extending up to and above the calf, where the leg is encircled by another and light steel band. At the base, or nearly so, is a hinge-like joint, to work in harmony with the ankle. With this assistance she is enabled to walk to and from our office to her home, a mile away, without any pressure upon the old callosities on the external border of each foot, upon which she has walked so long and painfully in days gone by.

A CASE OF CYSTIC GOITRE CURED BY THE DRAINAGE TUBE.

BY W. L. APPLEY, M. D.,

Of Cochecton, New York.

Having been engaged in a pretty active practice since 1840, and never before seen or heard, in this vicinity, at least, of a cystic goitre, I am induced to report the case briefly to you, hoping you will consider it of sufficient interest to publish it in your valuable JOURNAL.

Dr. L. W., aged 65, presented himself at a meeting of the Tri-States Medical Association, March 5th, 1873, with a large tumor in front of the neck, of twenty years' standing, and had not produced much inconvenience until lately it began to interfere with respiration and deglutition. He had always supposed it to be an ordinary solid enlargement of the thyroid gland. He had treated it as such; taken iodine and iodide of potassium in large doses, and for a long time, and applied iodine locally without benefit.

After an examination, the physicians present were unanimous in the opinion that the tumor was cystic. We proposed introducing the trocar and canula, but the patient declined. He allowed us to introduce the exploring needle, and we convinced him that the tumor contained a fluid. We introduced the trocar and evacuated the contents of the sack of the tumor, a brownish fluid (20 fluid ounces), and weighing

22½ ounces. He declined any further treatment at present.

May 10th he came to see me, the tumor nearly as large as at first. I introduced the trocar and emptied the sack of its contents, and injected tinct. of iodine. His general health appeared to be failing. He came to me again the 3d of August, much prostrated and emaciated, loss of appetite, etc.; could walk but a short distance. His friends began to apprehend a fatal result. The opening did not close entirely, and the discharge had become purulent and profuse.

I now introduced a rubber drainage tube and advised him to inject warm water twice a day. I saw him again Sept. 10th, very much improved in his general health; but a slight discharge from the tumor, which was then about the size of a hen's egg, and appeared to be the sack contracted. Saw him again Dec. 15th. He claimed to be in as good health as he ever was, and weighed as much; can walk long distances. He has left off using the tube. The opening is not entirely closed; there is a very slight discharge. He pronounces himself cured. Many of his acquaintances fail to recognize him on account of the change in the appearance of his neck.

January 1, 1874. Discharge has ceased; opening closed; no appearance of the tumor remaining.

Hospital Reports.

PHILADELPHIA HOSPITAL.

SURGICAL CLINIC OF DR. J. H. BRINTON.

REPORTED BY J. V. SHOEMAKER, M. D.

Hypertrophy of Prostate Gland.

The next case, Gentlemen, which I shall bring before you this morning, is one of great interest, inasmuch as it is typical of many which you will meet with hereafter. This man is more than sixty years of age; he is a New Englander, and states that he has never suffered from gonorrhœa or stricture in his life. He was admitted to Hospital some days since, and complained of trouble in making his water. He says that for two or three years he has been troubled by frequency of micturition, oftentimes being obliged to empty his bladder twenty or thirty times a day; in fact, that he made the attempt every half-hour. At each time he voided a small quantity of urine, say an ounce or two, but that was all. In spite of all his efforts he could discharge no more; but in the course of a very few minutes the desire to urinate would return, and at each trial the result would be the same. He experienced some pain before the attempt to urinate, but this passed away with the effort. He possessed but little power of propelling his urine; that is, his stream was what is known as "weak," falling to the ground immediately upon leaving the meatus urinarius. This frequency of passing water continued at night as well as in the day, forcing him to rise from his bed very many times.

We have thus, gentlemen, a group of symptoms for our study. These are diurnal and nocturnal frequency of micturition, preceded by pain; loss of propulsive power, absence of blood, and a tolerably clear urine. Taken altogether, what do they indicate? In all probability hypertrophy of the prostate gland. At least such is my impression now. I have not as yet completed my examination of this case, and I propose to do so before you now.

In the first place, I shall ask this patient to make water before you. He assures me that he is not at all nervous, and that your presence will not affect him in this particular. Facility of micturition varies greatly in different persons. Some cannot make water in the presence of any one, so nervous are they at being looked at. But you see that our patient is now passing his water; passing it as freely as usual, he tells me. Look at the stream, narrow and weak; you can see that there is no active propulsive power behind it. The urine has now ceased to flow; and when I look at the basin, I find that there is not more than five or six ounces in it. Now I am morally certain that this man's bladder is far from empty, in fact, that although he has, as he thinks, voided its contents, in reality, there is still a large amount of urine in the bladder; "residual urine," as Sir Henry Thompson calls it.

We will see whether I am right in my supposition, and if I find that I am, I will tell you why this is so. I will now introduce a catheter into the bladder, and shall select this one, a No. 10, gum catheter. You see that it has a very short elbow or curve; it is the catheter "condée." This is a French form of instrument, and in certain cases I like it very well. You observe that it passes readily, for I find no stricture. The point of the instrument is now passing the prostatic portion of the urethra, and I can detect that it is riding, as it were, over some projection in the floor of the canal. The point is now in the bladder and the urine flows; I should not be surprised if I should draw off a good deal. It has now ceased running, and you will notice that I have here at least eight ounces of residual urine.

My diagnosis is not, however, quite complete. I wish to examine the condition of the prostate through the rectum. For this purpose I shall ask our patient to lie upon the table, and having rubbed a little soap under my nail, for the sake of cleanliness, I then insert my finger through the anus, and carry it upward until I can feel the prostate gland. I do not detect much enlargement. The right lobe is normal, the left is

slightly increased in size, but is not painful upon pressure.

We have thus, I think, elicited sufficient facts on which to base a diagnosis. In addition to the symptoms already enumerated, we have developed the inability of the bladder to fully expel its contents, and the presence of a large amount of residual urine. The lateral lobes of the prostate, although doubtless enlarged, are not so to any very great extent. The catheter, however, in passing through the prostatic urethra, encountered an obstruction, which probably is dependent upon an enlargement or growth from the isthmus of the gland, or the middle lobe, as it is sometimes called. It is more than likely that this enlargement extends almost up to the vesical orifice of the urethra, and that the very effort of straining to make water causes the obstruction to act as a valve, and impedes the flow of the fluid.

You will, perhaps, remember that I have upon a previous occasion dwelt upon the enlargement of the lateral and middle lobes of the prostate gland. I then endeavored to show you that it sometimes happens that a considerable lateral enlargement may exist without producing very serious symptoms of obstruction; and, on the other hand, that a comparatively slight enlargement on the floor of the urethra may greatly interfere with urination. Our patient is a case in point. He has an obstruction to the flow of the urine just in front of the opening into the bladder. This obstruction acts, doubtless, as a valve, requiring great exertion upon the part of the muscular fibres of the bladder to overcome it. These fibres are doubtless increased in size, the walls of the bladder are thickened, its distensibility lessened, and its capacity decreased. It holds less urine than in its normal condition, and is consequently sooner filled, when irritation sets in, and spasmodic action of the muscular layer. Then, too, the projecting uvula in the urethra allows but a certain amount of urine to flow at each act of micturition, and in truth, the bladder is never emptied. If left to itself this state of affairs will soon pass into a much more serious condition, the urine will undergo changes, and become, in fact, decomposed and fetid. Cystitis will be also apt to occur, the patient's comfort in life will be gone, and his life imperiled.

Fortunately, matters have not yet progressed so far. The residual urine appears to be only about eight ounces in quantity, and does not seem to have undergone organic changes in character. Can this man be cured? in other words, is this prostatic hypertrophy susceptible of radical cure? I think not. At the same time I believe that he can be made very much more comfortable, in fact, very comfortable indeed, and I do not believe that his life will necessarily be shortened by his trouble, provided he be well treated. At the same time, in giving a prognosis in cases of this character, it is well, I think, to regard the nature of the prostatic hypertrophy. When the obstacle to urination depends upon a very greatly enlarged prostate, especially of the lateral lobes, I do not think that we can interfere so positively as when the obstruction is simply a moderate development, or growth from the isthmus of the gland. In the latter case the daily introduction of the catheter serves not only to draw off the urine, but at the same time it acts, in some way or other, to keep the urethra free, either by causing an absorption of the growth, or by giving it such direction or shape as may reduce it to a degree innocuous. Where the hypertrophy is bilateral and excessive the case at times becomes complicated, catheterism is often difficult and painful, and requires a careful selection of instruments on the surgeon's part, to which I will allude hereafter. I should mention that in many cases of prostatic hypertrophy there is often a tendency to hemorrhage. I have seen, even under the most careful and dexterous manipulation, a large amount of blood lost, so much, indeed, as to enfeeble the patient. But this hemorrhage cannot always be avoided; it forms an item in your prognosis, and sometimes may influence your treatment.

The treatment in the case of the patient before you will be simple enough. I shall direct that his bladder be emptied by a catheter twice daily. We will thus get rid of the residual urine, and its deleterious effects. His bladder will be relieved from a constant source of irritation, and perhaps its containing power may thus be increased. The presence of the catheter, too, will doubtless have a good effect in diminishing the size of the middle obstruction. I shall also teach the patient how to introduce the catheter himself, and this is, I assure you, a most important step in the treatment. Of medicines, I shall order none, but shall rely on good diet and constitutional hygienic support.

In a future lecture, I shall take the opportunity to dwell upon certain symptoms of prostatic hypertrophy which are absent in the case before us. I refer to the dribbling and involuntary micturition, which are characteristic of decided atony of the muscular walls of the bladder, and which has been described by Thompson as "overflow" of the bladder. This condition is an exceedingly frequent one in bad cases, especially of men well advanced in years, and is one which requires most careful treatment on the part of the surgeon. But we will speak of that hereafter.

Burn.

The next case to which I will direct your attention is one of extensive burn upon the shoulder. This woman, aged about thirty-five, was scalded two days ago by the contents of a large tea-kettle of boiling water. Strictly speaking, this is a scald, and is produced by the contact of moist heat. A burn is the result of dry heat. The classification of burns usually adopted is that of Dupuytren, and although it is somewhat complicated, I recall it to your mind, since in the case before you the first four of the different degrees of destruction of tissue are well exemplified. First of all, we have the simple

erythema of the skin; secondly, erythema with vesication, or the formation of blisters. Each of these degrees can be seen at the circumference of this burn. The third and fourth degrees of burn, to wit, partial and entire destruction of the thickness of the skin, are well illustrated in these other portions. The fifth degree of burn is the destruction of all the tissues, skin, superficial fascia, and muscles, almost or quite to the bone, and the sixth is the entire destruction of the part, as where molten fluid has come in contact with a limb.

Burns may thus vary greatly in depth, and as you all know, they are met with of varying extent. Indeed, it not unfrequently happens that a broad superficial burn may prove more dangerous than a deeper one of less surface area, and this you must bear in mind in forming your prognosis. As a rule, I think that a superficial burn, of from one-third to one-half of the surface of the body, must be regarded as dangerous to life. Pain is one of the most marked symptoms of burn, and would appear to be greater in burns involving the skin than in those of the deeper structures. Another prominent symptom in severe cases is the terrible collapse or prostration. I once saw a poor woman rush from her house into the street with her clothes a sheet of fire. I assisted in extinguishing the flames by smothering them with the great coats and shawls of the passers-by. The poor creature was immediately carried into her house; the prostration and mental demoralization were absolute. She was in a state of the deepest collapse, with a quick, feeble pulse. She complained bitterly of cold, and suffered night after night. Premature labor, in her case, occurred, and subsequently death from exhaustion.

The stage of prostration, in severe burns, is followed, in from twenty-four to thirty-six hours, by that of reaction and inflammation. Sloughs form and separate, and we have then the third stage, a stage of suppuration and exhaustion. Death may occur in each of these stages, in that of prostration, inflammation and suppuration. Its mode of occurrence in the second is peculiar, and is often brought about by an excessive activity, or action developed in the mucous membrane of the intestinal canal, especially in its upper part, the duodenum. Here we not unfrequently have inflammation and ulceration of the duodenal or Brunner's gland, ending sometimes in perforation of the bowel. You can readily understand how this may occur, if nature by an undue effort seeks to compensate for the impaired secretion and functions of the external cutaneous surface.

What will be your treatment of a burn? The indications may be briefly stated; you must allay pain; protect the burned surface; favor the falling of the sloughs; in the later stages of severe burns, support the patient under exhaustion; and during convalescence, guard against the formation of disfiguring and injurious cicatrices. The details of your treatment will, however, be influenced a good deal by the degree of the injury. Thus, in a case of burn of the first degree, erythema without vesication, if the injured surface be not extensive, there are no better applications than lead water and other cooling lotions. If the inflamed surface, however, be great, you must see that your lotions do not give rise to chilliness. In the second degree, where vesication has occurred, you must be very careful not to remove the raised epidermis; allow it to remain as a protection to the tender surface beneath. Snip the blister with your scissors, let out the serum, but do not remove the cuticle.

When a portion, or the entire thickness of the true skin has been destroyed, in other words, in the third or fourth degrees of burn; a vast number of applications have been suggested. One of the most widely used of these has been the famous Carron oil, originating at the Carron iron works, near Glasgow, a mixture of equal parts of linseed oil and lime water. It is usually employed by saturating lint, cotton, or cloths of linen or muslin with the oil, and placing them over the burned surfaces. It answers its purpose well, but is very objectionable on account of its exceedingly disagreeable odor. Some years since, one of the members of my family was unfortunately badly scalded over the face, head, neck, arms and chest, by the explosion of a boiler. I then had ample opportunities of testing the relative advantages of the many applications in vogue for burns. The carron oil, I found, was very annoying, on account of its unpleasant and sickening odor. Especially was this the case when applied upon the face. A medical friend suggested to me a preparation which gave great satisfaction at that time, and which I have since largely used.

I will show you how to mix the materials. I have here a saucerfull of lard; I run some water from the spigot over it, stirring it at the same time with a spoon, so as to get rid of the salt. Here is a bottle of lime water, sixteen ounces; into this I drop two drops of the bitter oil of almonds and shake it well. The lime water has now an agreeable odor. I then pour into the lard, from which I have already drained off the water, about three or four tablespoonfulls, or a little more, of this prepared lime water. I then beat up the lard with a spoon until the lime water is incorporated. I have thus a sort of carron oil, composed of lard and lime water, possessing a pleasant odor, and which can be freely applied, even over the face, without producing any unpleasant sensation. It is cooling, cleanly and agreeable, even to the most fastidious. I spread this mixture on a cloth and adjust it upon the burned surfaces; I usually change this dressing once or twice a day, taking care, of course, not unnecessarily to disturb the surface of the burn. I advise you, gentlemen, to remember this simple application, and I am quite sure that you will be greatly gratified by its excellence and soothing qualities. I have spoken thus of a local application alone. Of course, in severe burns, you will see to the alleviation of pain by proper anodynes, and to the sufficient support of your patient in cases of exhaustion.

Clinic on Stricture—Internal Urethrotomy. St Brinton Philadelphia Hospital

I have next, gentlemen, a very bad case to bring before you, and one which has given me a great deal of trouble. This is the history:—A man, aged 29, contracted, some four months since, a gonorrhœa, which lasted in an acute stage some eight or ten days, and has been followed by an exceedingly obstinate stricture. He has been an inmate of this hospital for the last two months. His condition is a very unfortunate one. He can pass no stream of water, his urine dribbles from him drop by drop, and is continuous. He is confined to his bed, and his general health is greatly impaired. I have made repeated efforts to pass his stricture, but I have so far utterly failed in my attempts. I have employed instruments of various kinds, metallic, flexible, and whalebone, but with a like futile result. Two of my colleagues have also essayed their skill, but with no greater success than I have had. I have sought by rest, topical applications and leeching, to change the local condition, but without avail.

What shall I do? how can I relieve this man? Before answering this question let me examine him before you, so that we can come to some conclusion as to the nature of the obstruction. I will now carry a Thompson's sound, No. 10 English, down the urethra; I find that its point is arrested at the peno-scrotal angle; I make very slight pressure upon the handle of the instrument; the point then enters the stricture a little, very little way; it "engages," as it is termed. Now placing my fingers on the outside, upon the urethra, I can feel that this stricturing point is apparently an annular bend; above this, for a short distance, the urethra seems to be free, and then still higher up, by firm pressure with my fingers, I can detect a brawny hard mass, surrounding and involving the canal. Thus all this corresponds with and corroborates the information I have already derived from my filiform whalebones. It has several times happened that when one of these delicate instruments has penetrated this first stricture, a slight escape of urine has followed its withdrawal. The patient has of late frequently referred his pain to a position just in the rear of this stricture, and I imagine that the urethra is here undergoing dilatation.

My diagnosis in this case is multiple strictures, of extreme tenacity and resistance, with a tortuous, narrowed urethral canal. This patient presents what is ordinarily spoken of as a "tough case." I have decided on my plan of treatment, to-wit, inasmuch as the case is urgent, as the man's constitution is suffering, and the flow of urine is so dreadfully impaired, I shall endeavor to open up the canal by division of the strictures. First of all, I shall seek by internal incision to overcome the first stricture at the peno-scrotal junction. I show you here an instrument of Charriere, a combination of those of Civiale and Maisonneuve. This canula contains a concealed blade, which, when thrust forward, enables the surgeon to cut from before backward, and when withdrawn, also to cut from behind forward.

Our patient is now etherized, and I carry my urethrotome down to the stricture, against which I press it freely. I thrust the blade forward, and I feel the resistance of the stricturing bands to the edge of the knife. I then withdraw the blade, and cut towards me. I am quite sure that I am dividing the stricture, and you see when I withdraw the instrument and carry down a sound that I have evidently made some progress. I have passed beyond the first stricture, and I now encounter that behind it, which is evidently the greater and more obstinate resistance. My metallic instrument is now arrested; it will pass no further. I withdraw it, and essay the passage with the whalebone. It may be that I may fail, but I intend to make a fair effort to find the channel of the urethra. If I can succeed it will greatly facilitate my future operations, for I shall then be able to cut upon a guide, or to burst the stricture with certainty. The opening of the posterior stricture seems, however, to be as difficult of discovery as was that of its fellow anteriorly. I believe, therefore, that my wisest course will be to desist from further operative interference to-day; to allow the patient to recover from the immediate effects of to-day's cutting, and then carefully and gently to renew my efforts to pass the stricture in the rear. Failing in this I shall most probably resort to external section, a proceeding which seems to me to be less dangerous than the internal division, without a guide, of a stricture situated far down in the canal. In the meantime I shall have the patient put to bed between blankets, and as soon as he shall have recovered from the ether he will take a full dose of morphia and quinine. I trust, and indeed expect, that he will escape without fever, for so far he has not proved to be very irritable in that respect. At all events, I will keep you informed as to the progress and issue of this case, for I regard it as a very instructive one, and I hope, little by little, to bring it to a successful termination.

(Phila. Med. & Surg. Reporter)

Medical Societies.

MEDICAL BOARD, EASTERN DISPENSARY.

STATED MEETING.

New York, April 9th, 1874.

(Extract from the Minutes.)

Dr. O'Sullivan, desiring to reopen his case, reported at the last meeting, asks if the threatened phthisis and the coincident disappearance of this danger along with the syphilitic impress in maternity is usual?

Dr. Mulreany believes that hemorrhages are common from syphilitic taint, and that many of those much vaunted cases of recovery from so-called phthisical diseases may, with much gra-

vity, lie under the suspicion of syphilitic cachexia.

Case I.—A gentleman residing in ——, England, under his professional notice, contracted a Hunterian chancre, in 1836, which yielded readily to non-mercurial treatment. Four years after, he had a chronic bubo, without the slightest fact which might be suspicious of a new infection. This discharged, and slowly disappeared. Then came an eruption, chiefly on the shoulders; this was followed by a severe attack of hæmoptysis, and this, four years later, by another attack of a similar character. This latter was in 1854, and since then there has been no return of lung or other trouble.

Case II.—Also residing in ——, the son of a medical gentleman, and the patient of Sir ——; was attacked at first with syphilitic psoriasis and erythema; was sent to the country, and, under mercurials, the eruption disappeared, leaving an ulcer of the scalp. On his return to the city and assumption of professional duties, was attacked with a violent hemorrhage from the ulcer, and, coincident, the disappearance of any and all syphilitic symptoms. Later he had hæmoptysis, was sent to sea, and within quite a late period has had yet another. He looks on all such cases as syphilitic, and curable.

Dr. Davis looks on all syphilitic subjects with much solicitude, when enceinte, and finds abortions very common, and, therefore, finds no unusual feature in the case produced, since placental disease and abortion go together.

Lately, in his practice, attended case of Mrs. ——, member of —— Troupe, in which case no doubtful symptoms, prior to delivery, had shown themselves, but the child, about a week after the birth, developed syphilis, and shortly after died therefrom. Subsequently, thorough inquiry revealed the existence, before marriage, of syphilitic roseola, and syphilitic iritis.

Dr. Bennett sees how gummy tumors may occur in the lung substance, but in making up a differential diagnosis in phthisis and syphilis, would not some information be obtained from the location of the deposit?

Dr. Mulreany has seen many cases of "rotten placenta." The mothers generally retain the syphilitic impress till the ovum is discharged, thereupon the case is normal again. Has noticed that the children of males who have syphilitic taint at conception, if they come to maturity, generally die of a pale, or white, bloodless liver. Mercurial inunction modifies their constitution. But the mother is not "impressed" after the confinement.

In the service of one of the chief surgeons in ——, a lady, high in society, to the mortification of all interested, had frequent pregnancies and invariable miscarriages. Finally, upon the death of the husband, the surgeon married the patient, who, in due season thereafter, was delivered of a perfectly healthy and first fully matured child.

Ricord's maxim—"A man cannot contract syphilis while he has the impress of a hard chancre"—he fully endorses.

Dr. Brekes asks whether it has been demonstrated that a true phthisical tubercle does exist sui generis, and yet never develops itself?

Dr. Garrish thinks it can. Referring to the case under discussion, his experience is not exactly similar. Thus he has seen numbers of instances where the child died of syphilis without previous placental trouble, and he has seen mothers produce syphilized fœti without any apparent previous syphilitic disease.

Dr. Mulreany believes abscesses in the lungs may be induced by other causes besides tubercle. Thus he has seen abscess of the lung following variola, and believes it due to a pock. In another case, a groom, subject of epileptic fits, falling in one, was picked up apparently dead, with face much ecchymosed and lungs congested, succeeded by foul, offensive sputa of pus character, revealing the presence of an abscess in the centre of the right lung. He recovered.

He also had two cases of syphilitic abscesses of the lung, where it rests on the diaphragm, which, under proper medical treatment, got quite well. Also has a case of phthisis brought on by a severe miscarriage and ulceration of the os uteri. Dental irritation may likewise localize the trouble in the lungs.

Dr. Garrish desired to note the value of assafœtida in tetanus.

A recent case in his practice, a boy, seven years old, on the 15th of March, in play, was struck with a stone which severed the right eyeball in two parts completely. Forty-eight hours after the occurrence found the eye much swollen, and enucleation would seem necessary. In ten days, despite impure air, which threatened typhus fever, under antiphlogistic remedies the wound healed up, and the result was considered good.

After two days, in which the playmates of the patient joined in common sport, or about twelve days after the accident, tetanus set in in severe form, giving a perfect illustration of opisthotonos. Enemas of assafœtida were vigorously employed, together with hydrate of chloral, to the marked mitigation of all the symptoms, though ultimately the patient died.

The second case was a young lady, twenty years of age, whose foot was pierced from dorsal to plantar surface. In three weeks following, the tetanus which supervened was entirely controlled, and the patient brought to health by means of assafœtida. The patient has since married and has had a family.

The third case was that of a young lady, where tetanus followed a usual cause. The jaws were rigid for two weeks; was treated with assafœtida entirely, and is now in perfect health.

Dr. Mulreany, as kindred to the topic, would mention that he associates opium and antimony in hydrophobia and all other tetanic affections, as follows:—

℞.—Tr. opii,	ʒvj;
Ant. et pot. tart.,	grs. vj;
Aquæ,	ʒviij.

Tablespoonful every two hours.

Editorial Department.

Periscope.

Purpura or Flea Bites?

Dr. W. Williams, of Liverpool, writes to the *British Medical Journal*, on a case of mistaken diagnosis :—

For the malady which has given rise to the supposition of the prevalence of purpura among the poor children of this town, met with in the form of small dark-red circular spots, of more or less uniform tint, varying in size from about the one-ninth to the one-twenty-fourth, or even less, of an inch in diameter, and found most frequently and in greatest abundance on the integument in front of the body, neck, and upper arms, has, besides the weight of its hitherto generally recognized and undisputed claim to an origin in flea-bites, many peculiarities which entirely preclude the idea of a different source.

According to the hypothesis advanced, but contrary to universal experience of purpura, the chests of young children, healthy and unhealthy indiscriminately, are found more frequently marked than are the legs of the aged. Thus most unaccountably conjoined with its imputed nature, do we find that, in the choice of sites, preference is given to the warmest and most delicate portions of the surface; the lower limbs, the parts most dependent and furthest removed from the centre of the circulation, being discarded almost invariably.

Again, the duration of the disease shows a wide gap to exist between it and purpura. In the latter case, weeks and even months are known to pass with a continuance of the cutaneous discoloration; while, as the result of altered topical states, as through admission into a clean ward in cases of flea bite, the spots soon fade, and are usually absent on the fourth day, to quickly reappear, however, on discharge and consequent re-exposure to the previously existing conditions. In all the numerous instances where I have had opportunities for observation, this rule has held good.

Further, I am enabled to state that, during my experience, no other beside the cutaneous resemblance to a purpuric symptom was present in a single instance; there was no tardiness in the reunion of fractures or healing of wounds; no unusal hemorrhage either from them or from the mucous membrane. And another point of no inconsiderable value in establishing a correct theory, is indicated by the fact that these spots are much more rife during the hot summer than during the winter months.

Moreover, it will be allowed that, without a knowledge, gained through experiments with insects themselves, of the influence exercised on the duration and character of the resulting petechiæ by the condition of the skin, delicate or otherwise, the nature of the bite, severe or the reverse, the state of the patient, healthy or unhealthy, and the vitality of the part, errors respecting flea-bites are not surprising. For, on the application of a flea to almost any part of the cutaneous surface, not omitting the face and eyelids, in a short time, as the result of the bite or bites, one or more circular blushes of a light red color are left, having at the centre a spot of a much darker tint and of the size of a pin's head, with occasionally the actual site of the puncture indicated by a still darker point in its middle. In twelve hours, or less, the blush will have faded, leaving the central dot as the only indication. This will, however, have assumed the appearance of an ordinary spot of ecchymosis visible through a transparent layer of cuticle, and will remain for an uncertain period, varying from one to six or eight days, the duration being influenced, as above stated, by the healthy or unhealthy condition of the patient, the vitality of the part, and the energy displayed by the insect; for, when a flea feeds undisturbed from one or two punctures, the resulting marks are much more permanent than when, owing to disturbance or other cause, numerous incisions are made during one meal.

The Traumatic Origin of Tumors.

The London *Medical Record* translates a paper by Dr. Edward Stich, of Nuremberg:—

The greater part of the paper is composed of four cases illustrative of the influence of local injuries in the production of tumors. The first is a case of sarcoma of the left occipito-atloid articulation, and of the neck of the fifth rib and the body of the fifth dorsal vertebra. The patient was a healthy blacksmith, aged twenty, who, in consequence of his chair being pulled from under him as a practical joke, fell backward, striking his head and shoulders violently on the ground. At the time he was stunned, but soon recovered, and was able to walk home. The following day he was tolerably well, with the exception of some pain and stiffness about the neck. He could, however, bend his head backward and forward, and rotate it without much difficulty. From this time forward he had frequent pains in the neck, and lost flesh and appetite. Five months after the accident, when he came under observation, the neck was found to be fixed stiffly, and a tumor could be distinctly felt in the sub-occipital region, and another at the level of the fifth dorsal vertebra. These tumors increased rapidly, paralytic symptoms supervened, and he died about six months after the injury. The examination of the body after death showed two soft white sarcomatous tumors, one destroying the neck and head of the fifth rib and extending into the body of the fifth dorsal vertebra, and the other affecting the

left lateral mass of the atlas and the left condyle of the occipital bone, extending in the base of the skull as far as the great wing of the sphenoid. The odontoid process was bare, and the ligaments were destroyed. In this case the author considers the primary injury to have been a fracture of the transverse process of the atlas and another of the fifth rib. The growth necessary for the repair of these injuries he believes to have been the starting-point of the tumors, the normal limit of activity being exceeded and a sarcoma produced instead of callus. A somewhat similar case is also recorded, in which a sarcoma developed in the base of the skull of a boy twelve years of age, some time after a severe blow on the head. At the *post-mortem* examination Dr. Stich found what he considered to be an old fracture of the small wing of the sphenoid. It is unfortunate that the only two cases of sarcoma following fracture that Dr. Stich is able to bring forward should have occurred after injuries, the nature of which was not ascertained at the time of the accident, especially as it is impossible not to look with suspicion on conclusions drawn from bones to a greater or less extent destroyed by a tumor.

Alcohol in Tympanitis.

Dr. J. P. Cassells says, in the *Lancet*:—

The affections of the tympanum, out of which all other diseases of this cavity seem to develop themselves, are simple catarrh, muco-tympanitis, and tympanitis; but as I have already indicated that the use of alcohol appears to be more efficacious in an advanced stage of the first-named disease, the following remarks apply exclusively to it.

This affection of the tympanum (simple catarrh), consists in a hyper-secretion by its lining membrane, unduly stimulated to increased action through causes that determine an overabundant flow of blood to it. Under favorable circumstances this condition ends in resolution, by a return of the hyperæmic tissue to its normal state; but not unfrequently it passes into one in which the morbid processes are in abeyance, and the secretion contained in the tympanum becomes inspissated. More commonly, however, and especially in early life, the morbid processes set up in this cavity become chronic, but still continue active. The secretion increases in quantity, till, exceeding the capacity of the tympanum to contain it, and unable to effect its escape by the Eustachian tube already concentrically closed, it breaks through the membrana tympani, and appears as a flocculent discharge from the external meatus, constituting catarrhal otorrhœa. If at this stage the parts are carefully freed from this secretion, we observe a greater or less loss of structure of the membrana tympani, and the lining membrane of the tympanum highly congested, the color of it depending upon the degree of the hyperæmia and the duration of the previous stages of the disease; and that it is also hypertrophied and villous. To this condition of the membrane I venture to apply the name polypous hypertrophy, as sufficiently designatory of its appearance. What its microscopic character may be I am at present not prepared to say, for, except in an indirect manner, I have not had an opportunity of ascertaining this. When polypi, however, develop themselves out of this morbid state, and have their attachment to the lining membrane of this cavity, they appear under the microscope to be made up of a proliferation of the loops or papillæ of its vascular layer covered with its own epithelium. The inference, therefore, that in this condition of the lining membrane of the tympanum there is a true hypertrophy of its normal structure seems warranted.

This condition of the ear, briefly and therefore imperfectly described above, is that in which I have found the local application of alcohol almost specific.

Boracic Acid and Chloride of Zinc in Surgery.

In a description of Professor Lister's antiseptic treatment, by Dr. Lesser, a German physician, quoted in the Edinburgh *Medical Journal*, the latter says:—

Boracic acid and chloride of zinc are also antiseptics, and are employed as adjuvants in the antiseptic treatment.

Lister employs boracic acid in two forms; boracic lint, a dressing material, almost non-stimulating, for wounds, where the crystals of the antiseptic in the lint are only dissolved gradually by the discharges of the wound; and a lotion of boracic acid (three to five per cent.), partly for washing and partly as a spray. The antiseptic power is less than that of carbolic acid, and stimulates the tissues less, but, being non-volatile, it is not so evanescent. Lister, therefore, prefers this substance for superficial wounds, such as those of plastic operations, in the treatment of ulcers, and, lastly, for the purpose of the healing of loose portions of skin on granulating surfaces.

In the case last mentioned the method is the following:—After the sore is brought into an aseptic condition, it is carefully washed with boracic acid solution, then the pieces of skin to be transplanted are placed upon the surface of the granulations, under protection of the boracic spray. Without fixing specially the small portions of skin, a piece of protective is laid over the wound after it has been dipped in boracic acid solution; upon this a layer or two of boracic lint similarly treated; the whole fixed with a gauze bandage. As the discharge is scanty, the dressing may be left unchanged two, three, or four days.

Chloride of zinc plays a very important part, and enables us to treat as aseptic a whole series of wounds which otherwise must remain in the category of putrefactive. It was specially brought into notice by Campbell De Morgan, of Middlesex Hospital. It thoroughly destroys superficial foci of putrefaction, and removes the stench of putrid masses, and forms a sort of eschar by impregnation of the superficial layers

of the tissues, which presents an absolute obstacle to putrefaction, and to its extension to the deeper layers. Lister employs a solution, forty grains to the ounce of water, and with the following indications:—

1. For wounds which have been for a longer or shorter time exposed to the influence of atmospheric air, and in which a superficial putrefaction of the tissues has occurred, in order to be able, after destruction of the products of putrefaction and the infected particles of the tissues, to regard the wounds as aseptic. To this class belong superficial surfaces of ulcers, with sloughing of granulations and stinking discharges.

2. Also for recent wounds, before putting on the first dressing, when the wound contains some focus of putrefaction, such as sinuses communicating with a joint subjected to excision. In such a case, the sinuses are also injected with the solution, in the hope of correcting the putrefaction of their contents, though the attainment of this is always uncertain.

3. We employ the chloride of zinc for recent wounds in the neighborhood of the different cavities of the body, and where the continual bathing of the wound with the putrid secretion of the cavity would render infection of the former possible. Chloride of zinc here forms an eschar which, more than any other eschar, resists all putrefactive influences, so that it constitutes an antiseptic covering over the injured tissues, till they are protected by granulation. And it is a capital fact, that such an eschar, even after three days, as in extirpation of a chancroid in the tongue, with absolutely negative treatment, gives rise to no stinking odor. It is right to add, that the eschar caused by this solution of chloride of zinc, though we cannot doubt its existence, must be of microscopic tenuity, being invisible to the naked eye.

The Nature of Uterine Hydatids.

At a meeting of the Dublin Obstetrical Society, Dr. McClintock said that the title "hydatid of the uterus" was a double misnomer. The disease was not hydatids, and it was not a disease of the uterus. In all the cases he had seen it had been the true vesicular disease of the chorion, and there was a complete absence of echinococci. It was not a disease of the uterus, but of the ovum. A more practical and important question connected with this affection was a medico-ethical one, namely, how far these morbid products were to be regarded as evidence of pregnancy having occurred? Of course there were cases where, if the practitioner announced that the expulsion of these substances was a proof of conception, it would amount to a very serious imputation on the character of the patient. When, therefore, they came from an unmarried woman, a man ought to be cautious in expressing his opinion. In no case that fell under his observation was there any ground to doubt that the morbid growth was the result of impregnation. He was very much inclined to doubt, notwithstanding all that had been written on the subject, whether there was any clear indisputable case on record to prove that such a disease as this had existed in a virgin. It was possible that a woman, nine or more months after she became a widow, might discharge a hydatidiform product, without necessarily incurring a doubt as to her purity; for, it might be retained in the uterus beyond the period of uterine gestation. He did not deny that true hydatids might occur in the uterus, though he believed the occurrence of true hydatids in a cavity lined with a mucous membrane was extremely rare. He did not think they were ever found in the intestinal canal or in the bladder. He, therefore, did not think analogy confirmed the possibility of the formation in the uterus of a true hydatid growth. At the same time he should be unwilling to say that hydatid growths could not be found in the uterus of an unmarried woman.

Copaiva in Croup.

In the *Transactions of the Medical Society of the District of Columbia*, Vol. i, No. 1, after relating a case, Dr. Lincoln wished to draw attention to a very important remedy in the treatment of croup, copaiva, which he considered of the greatest use in this and similar cases. Thought it prevented the re-formation of false membrane. On the night referred to in the report, when he removed the second specimen, he found the child as bad as ever, laboring under dyspnœa from false membrane in the air tube. He removed the inner canula, but found no membrane in it. Sent for copaiva, and in the meantime applied a mixture of copaiva and glycerine (of which a small quantity was in the house) to the inner canula, which he then reinserted. This produced a paroxysm of cough, and a piece of membrane was thrown out. He afterwards gave one drachm of copaiva, with prompt relief. Since then had applied a mixture of copaiva to the inner canula with great benefit, according to the statements of the parents. There was still some patches of membrane about the palate. Has seen the efficacy of copaiva in many cases; in one, a case of very severe membranous croup, a full dose of one drachm would again and again relieve the urgency of the symptoms, and the child recovered. He would have performed tracheotomy in the case but for an existing vitiated condition of the system.

As to chloroform, Dr. Lincoln considered that in Dr. Walsh's case no danger need have been apprehended from the anæsthetic, as instruments were at hand ready to open the trachea at any moment. He thought, however, the apparent final success was due to the copaiva.

Dr. Miller had used copaiva extensively in croup for thirty years, and had before spoken of its efficacy in the Society. Was in the habit of placing a vial of balsam copaiva in possession of all his patients subject to croup, directing them to take doses of twenty or thirty drops be-

fore sending for medical aid. The result was that whilst he used to be frequently called out at night to attend croup cases, he was now but seldom annoyed at night by similar calls. So great was the faith of his patients in this remedy that he had often been applied to for his so-called "croup medicine." It was especially valuable in the early stage.

Dr. Lincoln had never seen copaiva fail if given in the first stage of the disease, and had derived great benefit from it in every period of the complaint. In reply to a question by Dr. Fenwick, he said the remedy was of great use, even in the pseudo-membranous form of croup.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Messrs. Wm. Wood & Co., New York city, announce that they propose to publish by subscription a translation of Dr. H. Von Ziemssen's "Encyclopedia of the Practice of Medicine." It will be in fifteen large octavo volumes, of from five hundred to seven hundred pages each. Three or four volumes a year will appear, at five dollars per volume, cloth.

——It gives us pleasure to mention that the Detroit *Review of Medicine and Pharmacy* will, after July 1874, be enlarged by the addition of sixteen pages to each monthly issue.

——The Paris correspondent of the *Lancet* says:—The great literary event of the week, in our medical world, is the publication of the "French Medical Parnassus," by Dr. Chereau, in which the learned author gives us a selection of the poetical productions of all living or departed French doctors who ever sacrificed to Apollo. The book is a most curious and interesting one. Among other anecdotes, it is stated that when Claude Barnard paid his first visit to Paris, the object of his venture in the excursion to the great city was to present a tragedy written in verse, the subject of which was Louis the Sixth. This was in 1834. The young poet was, however, soon induced to seek a more congenial sphere of labor. Ricord also has courted the muse, and fifty years ago published a poem in three cantos.

——It is stated that Dr. Wm. A. Hammond intends to revive his quarterly *Psychological Journal.*

——Dr. Dawson gives up the editorship of the *American Journal of Obstetrics*, in favor of Dr. Munde. Dr. D. gives a vivid narrative of his trials and troubles as a medical editor, which all his brethren of the guild will appreciate.

——We have received the following publications:—

Retention of Urine. By Alexander W. Stein, M. D. From the New York *Medical Journal.*

The Condition of the Conflict. An Oration before the Medical Society of the County of Kings, New York. By Alexander Hutchins, M. D.

The Mutual Relations of Druggists and Physicians. An Address by Prof. Charles E. Buckingham, M. D.

Catalogue of the Boylston Medical Society of Harvard University, 1874.

Thirty third Annual Announcement of the St. Louis Medical College, 1874.

Thirty-first Annual Report of the Managers of the State Lunatic Asylum, Utica. N. Y., 1874.

Twentieth Annual Report of the Howard Hospital, Philadelphia, 1874.

Fifty-seventh Annual Report of the Asylum for the Relief of Persons Deprived of the Use of their Reason, 1874.

Constitution and By-Laws of the New York Society of Neurology and Electrology.

Proceedings, Constitution and By-Laws of the Medical Institute of Phillips Co., Ark., 1874.

BOOK NOTICES.

The Science of Homœopathy; or, a Critical and Synthetical Exposition of the Doctrines of the Homœopathic School. By Charles J. Hempel, M. D. Bœricke & Tafel, 1874. 1 vol., cloth, 8vo. pp. 176. Price $1.74.

A succinct exposition of the theories advocated by homœopathists, including a distinct renunciation of some of Hahnemann's pet doctrines, for example, his extraordinary one about psora. The book is well written and interesting, but so far as the true scientific spirit is concerned, it is as far away from it as are the rhapsodies of Swedenborg.

——The German Public Health Congress will be held in Dantzig from Sept. 9 to 12. Among the subjects to be discussed are the following:—1. The demands of hygiene with regard to new portions of towns, streets and houses; 2. The influence of various dwellings on the health of their inhabitants; 3. The reasons for and against the collection of cases of various kinds of disease in one hospital; 4. Public abattoirs; 5. Water supply; 6. The employment of women in factories.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 6, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

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OFFICE OF

THE MEDICAL AND SURGICAL REPORTER,

115 South Seventh Street,

PHILADELPHIA, PA.

OBJECTIONS TO CREMATION.

The public interest that has of late revived in the disposal of the dead by incineration is founded chiefly on the argument that this process best subserves the sanitary and other interests of the survivors. That it does so, has perhaps been too quickly taken for granted. There are serious objections to encouraging or even permitting this disposal of corpses.

The most obvious of these are from a medico-legal point of view. It has been well put by Dr. Ewing Whittle, lecturer on medical jurisprudence in Liverpool, that by cremation all chances of the detection of crime by *post-mortem* examinations and chemical analysis will be annihilated. Many cases of crime will be undetected, or *post-mortem* examinations will have to be made much more frequently than they are at present; in fact, in almost every case. The advocates of cremation will have to meet this difficulty before this mode of disposal of the dead can be adopted, even permissibly.

Life Insurance Companies would be more frequently imposed upon than at present, and the practicer of the nefarious arts of Brinvilliers and Borgia could at once and forever conceal the traces of his crime in the ashes of his victim.

Then there is the economical objection, well put in a lecture delivered in this city by Professor Frazer, to the effect that cremation is only applicable to large communities, and that with the future scarcity of fuel, it must be replaced by some other means. Finally, it may be urged that all the human bodies taken together form but a mere speck in the ocean of organic life which is continually ceasing to exist and suffering decomposition in the same manner, and that to benefit the health of the community all these organic remains must be burned; yet the proportion of putrid cadaverous to excrementitious matter is, in Philadelphia, about 1 to 4000, so that the importance of this question becomes subordinate to that of the general inquiry, "What shall be done with waste products?"

It is true that the Committee on Law, of the

New York Cremation Society, found that there was nothing in either the civil or criminal statutes of that State against the practice of cremation, or burning the dead; and it is probable this holds true of all the States. But it is time that either the practice be legally discountenanced altogether, or that no permit be granted to burn a body until it has been made the subject of a full and thorough medical examination.

Consuming the dead body by fire is one of the commonest ways of disposing of it among barbarous races, as witness the funeral ceremonies of many of the American Indian tribes; but modern civilized nations have united in discarding it, for good and sufficient reasons, though these may not have been fully expressed. It is a safe prediction to venture, that no mere love of novelty will restore this obsolete method to usage, while there are so many and so cogent reasons against it.

THE PHYSICAL CONDITIONS OF VITALITY.

Have not the studies relative to the beginnings of life been prosecuted in too narrow a field? Watching the transformations of bacteria and amœbæ under the microscope, and seeking for their appearance in water hermetically sealed from the air after exposure to high temperature is, indeed, well enough, but not enough.

Let us offer a few suggestions setting forth the problem under different conditions. Given the inorganic food of plants, what other factors are needed to obtain the lushest exuberance of vegetable life? Two especially, a certain temperature and humidity. Here, then, are two physical conditions of the simpler forms of life, and search is to be made for that exact temperature and degree of moisture most conducive to its development. These ascertained, their influence on electrical and chemical relations, on colloid and crystallizable bodies, on the phenomena of dialysis and diapedesis, and on the physical action of protoplasm, next demands attention. In this manner one could translate the phenomenon of life into phenomena of physics.

Now that the ultimate substance of vegetables has been identified with that of animals, the problem is simplified, and the old distinction between these two realms of nature is done away with. Even intelligent consciousness can be claimed on as good grounds for the tree as for the bee, and all living organisms are alike subject to the same laws.

The conditions most favorable to vegetable growths are those which have also most favored mental growth. The early civilizations of both worlds started in such centres as the fertile valley of the Nile, on the fat loam of the Euphrates plain, amid the dense tropical woods of Central America, and by the flower-covered bosom of Lake Tezcuco, all within the isothermals of 70° to 75°. Why it is that in every instance the high tide of civilization has steadily advanced to colder latitudes, so that now it lies between the isothermals of 40° and 50°, is a question also to be solved by physiological and physical reasons. Life in all its manifestations, whether vegetable, animal, or mental, acknowledges identical laws, and these laws are those of physics.

NOTES AND COMMENTS.

Therapeutical Notes.

CHANCROIDS.

In the Charity Hospital, New York, according to the New York *Medical Journal*, iodoform is used as a dressing for chancroids, in the proportion of one part glycerine and one of iodoform. This is applied to the ulcer twice in twenty-four hours, and appears to be more satisfactory than the usual applications.

It is found that chancroids can be cauterized with nitric acid, without causing severe pain, by first applying to the sore pure carbolic acid. The carbolic acid serves as a local anæsthetic, and prevents the nitric acid from causing pain, which is not easily borne by the patient.

GONORRHŒA.

At the Roosevelt Hospital, New York, as we learn from the *Medical Record*, injections of the

silicate of soda have been employed in the treatment of this affection in both acute and chronic stages.

℞. Silicate of soda, grs. xx.
Aquæ ℥viij., M.

The injections were given three times a day. So far as employed, the results obtained were eminently satisfactory. No other treatment was combined with it.

In the acute stage of the disease, the *Press and Circular* says that M. Lamarre has used successfully, for the past seven years, tincture of haschish, two grammes, and benzoic acid, one gramme, to be taken during twenty-four hours in some mucilaginous julep.

After six days of this treatment patients are said to be better than if they had commenced treatment with cubebs or copaiba.

TREATMENT OF TAPEWORM.

Dr. Schafhirt recommends, in the *Druggist's Circular*, the following preparation in tapeworm:—

℞. Bark of pomegranate root ℥ss.
Pumpkin seeds ℥j.
Ethereal extract of male fern ℥j.
Powdered ergot ℥ss.
Powdered gum arabic ℥ij.
Croton oil gtt. ij.

FOR FLATUS.

The following pills are used in the Roosevelt Hospital, New York, for flatus in the bowels:—

℞. Pulv. camphor,
" capsicum,
" ginger, āā gr. j. M.

Divide into six pills.

S. One p. r. n.

They are said to afford immediate relief.

PEPSIN IN THE TREATMENT OF DIPHTHERIA.

Dr. Doughly advises the following formula for softening and dissolving the false membranes of croup and diphtheria:—

℞. Pepsin, 6 grammes.
Dilute muriatic acid, gtt v.
Distilled water, 100 grammes.

To be used by inhalation.

A SPEEDY CURE FOR BALANITIS.

A writer in the Boston *Medical and Surgical Journal* says, a few grains of tannin applied locally has cured many cases of chronic and severe balanitis. It is better than all the "mild astringent lotions" of Druitt and other surgeons, because it is more easily applied, always readily obtained, and in five cases out of six one application is sufficient, not only to afford relief, but to effect a permanent cure.

The Infertility of Genius.

A writer in the *American Bibliopolist*, referring to the only daughter of the eminent painter, Horace Vernet, remarks:—

The young lady here mentioned afterwards became the wife of Paul Delaroche, and died childless in 1845. If the union had been crowned with a son, the issue was to have perpetuated the two great artist names as Vernet-Delaroche. But, alas! from the time of Shakspeare, and earlier, such anticipated hereditary glories have been denied to the descendants of men of great genius. The *makers* or inventors rarely become founders of families.

Statistics of Birth.

According to Prof. Walker, Superintendent of the ninth census, the children who are born blind are about equally divided in respect to sex, but as boys grow older, the greater dangers to which they are exposed cause more of them to become blind than of girls at the same age. Men's blindness comes from accident; women's from abuse. At about sixty the dangers in both sexes grow less. There are more males born blind or deaf and dumb than females.

Tar Soaps.

These are excellent preparations for use in cutaneous affections, as well as for the general purpose of keeping the surface of the body clean, sweet and healthy. It is, however, no easy matter to combine the tar with the soap so as to make a homogenous compound. In Packard's Tar Soap, which we have been using lately, this is achieved as successfully as ever we saw it. The pine tree tar is mixed with a soda soap from pure olive oil, and it makes as soft and soothing a soap for toilet and therapeutic purposes as one would wish.

The Itch in India.

A correspondent of the London *Medical Times and Gazette* writes to that journal:—

One morning I saw, to my astonishment, a couple of fellows in one of the verandahs operating on a patient by rubbing his back with brickbats, just as a bathbrick is rubbed on a knife-board. This, I was informed, was intended to remove all superfluous cuticle, and pave the way for the

treatment of the itch, a malady which here is alike common and virulent. I have seen one medical functionary whose hands had become infected; and he was better off than his assistant, who was garnished with a chancre on each thumb. Amongst the poor classes, who neglect themselves and have no change of "cloth," such a malady as the itch may well be understood; but I confess I was astonished when one afternoon I happened to call on a learned professor who had a large class of young Brahmins before him, receiving instruction in Sanskrit. Nothing, not even amongst the Scotch, can come up to the acuteness and disputatiousness of these young men, who are for the most part sons of clerks and government officials, and are working with all their might to pass competitive examinations as steps to public appointments. To hear them discussing the nature of existence, and defending their own Brahminical idolatries, and then to be made aware that one must be cautious in touching their books, because so many have the itch, seems rather incongruous.

The Transmission of Syphilis.

Dr. Adam Oewre, we learn from the *Centralblatt fur Medicinische Wissenschaften*, denies that the semen of a syphilitic man can poison the organism of a woman. In one hundred cases of hereditary syphilis, ninety-six were clearly traceable to the mother, and the remaining four could not be traced. Of twenty-nine syphilitic fathers whom he had attended in private practice, having in all fifty-five children, not one transmitted the disease to his offspring.

Correspondence.

Ovarian Dysmenorrhœa.

Ed. Med. and Surg. Reporter:—

In your journal of April 4th, I observed, under the head of "Hospital Reports," by Prof. T. G. Thomas, something very unexpected from that distinguished author, on the subject of dysmenorrhœa, which deserves criticism. The variety of dysmenorrhœa spoken of in this report is ovarian. One or two cases are brought forward and disposed of very summarily, with the affirmation that *nothing can be more unsatisfactory than the charge of such cases, that practically no benefit can be hoped for from medicine;* and that they are to be left simply to eke out a miserable existence, taking merely placebos.

The management of this disease in its many phases is justly considered one of the opprobria of the profession; especially is this the case where the symptoms are not appreciated in its incipiency, and the chronic form of the affection is entailed upon the sufferer with its structural and then very intractable changes. It is a well attested fact that this type of the disease is almost invariably peculiar to the mother, rather than the virgin, and I asseverate, without fear of successful contradiction, that if taken in time, it is not only most curable, but even in its chronic state, is amenable to proper treatment. To conduct this and any other curable disease properly, all that is necessary is, the judicious administration of the old and tried remedies. I will as briefly as possible review the causes, symptoms, pathology and treatment. The parturient woman should always be considered an invalid, and should be watched over with scrupulous care, with the view of obviating the evil effects of cold upon her now impressible system. The uterus and its appendages are easily assailed by the atmospheric changes; frequently a momentary exposure to a cool draught is sufficient to overwhelm this vital centre with an afflux of blood. Although the differential diagnosis of peri-uterine cellulitis and peritonitis, as described by Prof Thomas in his book, is made out with some difficulty by mere physical exploration, he teaches that cellulitis may be recognized as occurring after parturition. And it is also a fact, that this much talked of cellulitis is nothing but ovaritis, after all. And the great trouble consequent upon it, consisting of dysmenorrhœa and its usual accompaniment, sterility, can be dated from the parturient period. During the period of lactation the ovaries are comparatively in a dormant state, and even the constitutional disturbances arising from them in disease most frequently divert the attention to other remote parts. In truth, a general torpor is impressed upon all the organs presided over by the sympathetic nerve; there is, hence, perverted nervous action; the woman feels that she is not right, not absolutely disabled, but that there is an indisposition to do her whole duty; when all this obscurity would quickly disappear if remedial assistance should be rendered with the view of discussing an inflamed ovarian tumor, which is always discovered by the ordinary manual palpation; but she and her attendant ascribe her condition to the debility necessarily arising from her recent labor. It is not until menstruation is reëstablished (which is nothing but ovulation), that the true status of the woman becomes more apparent; undivided attention is now given, for the first time, to the arrest of the true cause of her disability; active treatment is usually instituted to relieve a chronic affection, probably of twelve months' standing, and it proves ineffectual. The medical adviser, thus baffled, soon flounders about, of course, *as nothing can be more unsatisfactory than, etc., and practically no relief is expected.* When the real pathology of this great bugbear, (which is rheumatic in its nature), is well understood, then will a treatment, based upon this hypothesis, be of great practical benefit, and very much may be hoped for.

The remedy that is peculiarly indicated in the

primary stages, is the tincture of guaiacum, possessing almost specific virtue. This medicine is highly alterative, its cathartic and diuretic properties will maintain the portal circulation up to a healthy standard, and not only is all the effete matter of the blood in a great measure eliminated through the great emunctories, the kidneys and intestines, but any obstruction of the vascular system, either congestive or inflammatory, is subsequently removed. This same remedy, although highly beneficial in the chronic stage, must be accompanied by the assiduous use of iodine and iodide potash, in the form of Lugol's solution, both internally and externally.

The application of tincture iodine as recommended will always exert a salutary influence, but by the persistent use of the Lugol's solution locally, we can more readily impress the constitution, and at the same time keep up constant counter-irritation.

I am confident that a faithful adoption of the above treatment will be crowned with success in almost every instance.

James Guild, Jr., m. d.

Tuscaloosa, Ala., April 21st, 1874.

Cardiac Symptoms from Malaria.

Ed. Med. and Surg. Reporter.

I was called in haste, on April 20th, 1874, at half-past six o'clock, a. m., to see Mrs. ——. Found her suffering from difficult breathing, cardiac palpitation, pulse rapid, and intermitting every third or fourth beat, often for a length of time sufficient for four beats. She said she had for some days suffered in this manner. Her face was livid, her countenance anxious. I ordered tincture digitalis, ten drops, every two hours; soda bromide, ten grains, every two hours, alternating. Upon examination I found some difficulty in diagnosing the condition of the heart.

At four o'clock, p. m., I found her quiet, but unable to lie down; pulse regular. Continued medicine every four hours.

April 21st, six o'clock, a. m. Summoned in haste, as she was said to be dying. I found all symptoms much aggravated from the morning before. This seemed to me to point toward intermittent. I discontinued the digitalis, and gave quinia sulph., ten grains, every four hours, alternating with the bromide.

April 22d, ten o'clock, a. m. Return of all symptoms, but lighter; quinia, five grains, every four hours.

April 23d, ten o'clock, a. m. Return very slight; omit quinia and bromide; ordered liq. arseniate potass., drops eight, fluid extract gelseminum, drops eight, three times a day, after eating.

April 25th. No return of heart symptoms. She has continued arsenic and gelseminum since, in smaller doses, with no return up to date, and she is able to do her usual labor. What was it, if not malaria? J. W. Phelps, m. d.

New Haven, Conn., May 17, 1874.

The Treatment of Diseases of the Respiratory Organs.

Ed. Med. and Surg. Reporter:—

The recent change of treatment in pleuritis and pneumonitis is worthy of remark.

Dr. Brown's article on the benefit of sulphate of quinine in the treatment of puerperal peritonitis, vide Reporter of 11th of April, leads me to the following reflections on the above subject, especially as it snows, blows, and freezes, up here, among the hills of Wayne county, this, the 29th day of April. This eccentric or variable condition of the elements in this latitude, which is so frequent, proves to be the exciting cause of numerous phlegmasia of the respiratory organs. Probably not one person in a hundred is perfectly exempt.

If a physician twenty years ago attempted to carry a patient through a course of pleurisy or pneumonia without the lancet and mercury, he was censured by most professional, if not by non-professional men. Even ten years since venesection and tart-antimony were orthodox, and with some compunctions of conscience we ventured to drop them and try a more expectant plan with ammonia, veratrum, Dover's powder, etc. During the last five years, however, learning that death, when it occurs in these diseases, was usually by asthenia, and not apnœa, a more rational and tonic treatment obtained, and with better results. It is safe to assert that the days of mercury, the lance, and I may add antimony, have passed, in this class of diseases, and that quinine and opium will more than supply their places, not only in these, but in the great majority of the disorders met with by the general practitioner. It is remarkable, in pleuritis and pneumonitis, how a few five-grain doses of sulphate of quinia, with an occasional opiate, will subdue the highest grade of inflammatory fever, dispelling the friction sound, the crepitant rale, the bronchial respiration, etc., and at the same time sustain the vital energies, equalize the circulation and the abnormal temperature.

It matters not whether the disease be sthenic or asthenic, the patient old or young, if we grade the doses accordingly. Much of the external treatment, or torture rather, can also be dispensed with, but still the oil silk jacket, dry cups, mustard, blisters, iodine, and in children the warm bath, are often indicated, likewise good sustaining liquid diet. I have had three cases, however, this spring, in which troublesome sequela have followed pleuro-pneumonia, but in each the quinine was not given only in small irregular doses, owing to unavoidable circumstances or mismanagement, viz., in one a lady of fifty-eight hydrothorax occurred. The effusion accumulated in the left pleural cavity, displacing the heart at least two and a half inches to the right, compressing the left lung as high as the third rib, and causing sudden death before the treatment thought best under consultation could be effectual. In another, of tubercular proclivities, it resulted in abscess of the left lung, and will soon terminate fatally;

and in a third case, a man of thirty-five years of age, on hand now, has been followed, before the lung trouble had quite cleared up, with excessive parotitis. It is uncertain how this case will terminate, as, notwithstanding free openings with the lance over the glands, the suppuration is pouring into each meatus auditorius externus, and the case looks desperate. Of course quinine and stimulants, with a good regimen is his only hope. I think it safe to assert that quinine should form the basis of treatment in all lung diseases of this climate; that however useful vegetable and mineral tonics and alteratives may be, they should occupy a subordinate place in the prescription. Even in phthisis, when it has gone so far as to cause hæmoptysis (the bronchorrhagia of Lemings) it does more for me than any other remedy. But it is bitter. My patients take it best mixed in a dessert spoon of cold sweetened coffee, or in the following pill:—

R.	Quinia sulph.	gr. xx.
	Acid sulph. arom.	gtt. vij.
	Glycerine,	gtt. iij. M.

Ft. mas. et div. in pil. No. viij. Coat with pulv. glycyrrhiza. Give either one or two, as indicated, every four hours. If the stomach is irritable it is more efficient given per rectum, five or six grain doses, with ten drops tr. opii, mixed in an ounce or so of beef essence, and repeated every six or eight hours.

If any of your readers have an eligible and efficient formula let them "speak out," and they will receive the thanks of on-coming generations. G. B. Curtis, M. D.

Hawley, Pa., April 29th, 1874.

News and Miscellany.

International Medical Congress.

The organization of an International Medical Congress at Brussels, in 1875, is being carried out with great activity. The president is to be Dr. Vleminckx, president of the Academy of Medicine, who has already presided over other scientific congresses with tact and authority. The Belgian Government has promised its co-operation, but it belongs specially to the members of the medical profession to set their shoulders to the wheel, in order to make the scheme work.

The Cholera.

A few cases occurred early in May, in Holland, in Rotterdam and Dortrecht. In Italy, since the end of February, the cholera has revived in the four provinces where it had already claimed a certain number of victims. These provinces are respectively Vernazza, Monterosso, Manarola, and Riomaggiore. The disease reappeared in consequence of great earthworks in connection with the railway, which brought together four thousand workmen, placed under the most deplorable sanitary conditions. It has been found necessary to disperse them by force, and to isolate the cholera patients and their families. The cholera has also made its appearance in Genoa and in different parts of Liguria. It has made its way from Vergatto to Porretta, and thus threatens to invade the centre of Italy. The disease has disappeared from Munich, although a case or two have been reported from Augsburg.

A private letter from Munich informs us that the immediate cause of the death of the great artist, Kaulbach, was an over indulgence at table.

Trichinous American Bacon.

The Medical Bureau of the Government of the City of Hamburg, has published its report for 1872. Among other things, it states that the prohibition of adulteration, and the severe penalties made against it by the German penal code, proved of much service in enabling the authorities to confiscate adulterated or improper articles of food, and several cases occurred in which large quantities of American bacon were destroyed on being found affected by trichinæ. The Hamburgers are evidently too wide awake to be caught by such Yankee *tricks*.

Another Wonder Cure.

The Hampton, Ia., *Recorder* tells this:—Mary McCarron, residing in Geneva Township, has been confined to her bed with spinal disease for eight years. Her friends recently sent for some of the water from the Lady of Lairdes, well, in France. It came, and an application of it was made, and in twenty-four hours she could walk as well as ever.

The Inundated District.

Dr. Cheairs, of Arkansas, writes us, May 14, that in the overflowed lands along the Mississippi, "the stench is almost beyond endurance. Dead mules, cows, hogs, sheep, wild game of our forests, all seem to have suffered a like fate. A reasonable estimate, I think, would be to say that 200,000 people are now dependent upon the government for food."

Items.

—A woman at Bolton, England, was bitten by a cat, and shortly afterwards symptoms of hydrophobia showed themselves, resulting in death.

—The seventh annual meeting of the Canadian Medical Association will be held at Niagara Falls, on Wednesday, August 1st, 1874.

—About this time we may expect to see numerous cures for hydrophobia in the secular press.

—A young doctor, in a Virginia town, has the repellant name of "Hugnot."

—A minister at Colquitt, Ga., recently christened his thirty-second child.

—Ten per cent. of the births in the city of Hamburg are illegitimate.

QUERIES AND REPLIES.

Alcoholism vs. Cerebro-Spinal Meningitis.

A medical gentleman, of extensive experience in the treatment of cerebro-spinal meningitis, states that he has never seen an instance of the disease in a confirmed drunkard, and inquires whether the experience of others tallies with this?

Ayer's Cherry Pectoral.

Dr. M. R., of Miss.—The formula for this, as given by Dr. James C. Ayer, is as follows :—

R	Morph. acetat.,		grs. iij	
	Tinct, sang. canad.,		dr. ij	
	Vin. ant. et pot. tart.			
	Vin. ipecac,	aa	dr. iij	
	Syr. prun. virgin.,		oz. iij	M.

Only, Dr. Ayer claims to prepare his pectoral from the alkaloids of the sanguinaria and ipecac, and uses hydrocyanic acid instead of the wild cherry. Substantially he says his preparation is that given above ; and *it* makes a good expectorant.

Drs. F. R., of N. J., and T. W. S., of Pa.—Address Dr. J. T. Woods, Toledo, Ohio, for information.

Dr. W. E., of Ohio.—Address Messrs. Queen & Co.' 924 Chestnut street, Philadelphia.

Dr. W. D., of Ala.—(See REPORTER, cur. vol. p. 416). Dr. Clemens applies the induced current by passing the pole both into the urethra and vagina, some cases requiring the one, some the other proceeding.

OBITUARY.

JOSEPH KNIGHT CAREY, M. D.

At his residence, in Apple River, Ill., on Sunday morning, May 10th, of debility, resulting from hemorrhage of the bowels, Joseph Knight Carey, M. D.

Dr. Carey was born at Mount Prospect, near Newport, County Tipperary, Ireland, in the year 1821, and was, at the time of his death, in the 53d year of his age. He was descended from one of Ireland's oldest families, being a nephew of Lord Portarlington, on his father's side, and also related to the Earl of Failkland. He was graduated first at the College of Pharmacy, Dublin ; and subsequently at the University of Edinburgh.

He was married at an early age to Miss Letitia Lloyd, daughter of Capt. Lloyd, of the Royal Irish Dragoons, by whom he had one son, now Thomas Lloyd Carey, M. D., of Lena, Ill. Mrs. Carey dying immediately after the birth of her son, the Doctor in course of time married Mrs. Sophia Watson, by whom he also had one son, Dr. Charles H. Carey, of Apple River.

Dr. Carey came to America about 26 years ago, and settled in St. Louis, but on account of its unhealthy climate removed from that city to the vicinity of Apple River.

DR. JOHN H. GRISCOM.

This prominent physician and philanthropist died suddenly in New York City, April 28th. He was born August 14, 1809, in that city, and was the son of John Griscom, LL. D., who was well known years ago as Professor of Chemistry in Rutgers Medical College, New Jersey. Dr. Griscom studied medicine with Prof. J. D. Goodman and Valentine Mott, at Rutgers Medical College, but was graduated from the University of Pennsylvania in 1832. The following year he was appointed Assistant Physician of the New York Dispensary, of which he became Physician in 1834. From 1836 to 1840 he was Professor of Chemistry in the New York College of Pharmacy, and in 1842 he was appointed City Inspector, which position he held one year, when he became Visiting Physician of New York Hospital, in which service he continued until a few years since. From 1848 to 1851 he was General Agent of the Commissioners of Emigration. Dr. Griscom was the author of a large number of medical books and essays, the most prominent of which were the following: "Animal Mechanism and Physiology," "The Sanitary Condition of the Laboring Classes of New York," and "The Uses and Abuses of Air and the Means of the Ventilation of Buildings." He was a strict adherent of the Society of Friends.

DR. R. M. COOPER

Died at his residence, South and Cooper streets, Camden, May 24, aged about 60 years. Deceased had been all his life a resident of Camden, and one of its most prominent and highly esteemed citizens. He was a skilled and very successful physician, enjoying a large practice. He possessed a large amount of valuable real estate in Camden, but practiced as a physician merely out of love of the profession, and his attendance on those in destitute circumstances was usually without charge. The doctor had been in feeble health for some time. At the time of his death he was President of the Camden County Medical Society, and has been for several years.

MARRIAGES.

CALKINS—RANKIN.—In the Presbyterian church of Muncy, Pa., on the 13th ult., by the Rev. Horatio W. Brown, of Williamsport, assisted by the Rev. S. T. Thompson, of Muncy, and the Rev. William E. Parson, of Washington, D. C., the Rev. Lyman Darrow Calkins, pastor of Park street church, West Springfield, Mass, and Mary Hepburn, eldest daughter of William M. Rankin, M. D., of Muncy.

CHURCH—BARKER.—On the 14th of April, 1874, at the Cathedral (Episcopal), Barbados, West Indies, by the Rev. Thomas Bowen, William F. Church, M. D., of Philadelphia, and Charlotte Helen, only daughter of the late John Barker, M. D., and niece of John Rogers, M. D., all of Barbades

RAMSEY—BREESE.—By Rev. G. W. Fisher, February 26th, in the Presbyterian Church, Carlyle, Ill., Dr. Elam S. Ramsey and Miss Alida Breese.

DEATHS.

COOPER.—At Camden, New Jersey, on the 24th ult., Richard M. Cooper, M. D.

GAILLARD.—In Louisville, Ky., May 10, Gustavus Woodson Smith, youngest son of Dr. E. S. and Mary E. Gaillard.

MORRILL.—At Concord, N. H., May 9, Dr. Alpheus Morrill, formerly of Columbus O., aged 66.

PUGH.—At Catlettsburg, Ky., on Saturday, May 9, Dr. William Pugh, aged 74 years. Born in Haverford, West Wales, England.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

AN ATTEMPT TO TREAT FISTULA IN ANO WITHOUT THE KNIFE.

BY WILLIAM READ, M. D.,
Of Boston, Mass.

H. M. C., æt. 21. Patient comes of a family with strong tendency to tubercular disease, is of ordinary physical development, and, with the exception of a tendency to take cold, is as well as the average. Is pursuing his studies at the Institute of Technology, and subjected to severe and exhaustive mental exercises. Came down with typhoid fever October, 1869, and during its course an abscess showed itself between the anus and coccyx, which was opened twice, apparently healed up. In January, 1870, he called on me again. An examination was made, and I found that the abscess which I had opened had ended in a fistula. A probe passed in showed that the tract of the fistula was about an inch and a half deep, ran along under the skin outside the sacrum, and did not communicate with the rectum. I proposed to my patient to treat it without any cutting. The treatment began by injecting a solution of carbonate of potassa, of a strength of ten grains to an ounce of water. After a few days this was changed to carbolic acid of the same relative strength, then solution of permanganate of potass., and finally tincture of iodine, full strength. Later in the course of treatment, and when the depth of the fistula had diminished more than one-half, another abscess made its appearance below, extending down the raphe to near the scrotum. A counter opening was made at the lowest part, and the injections continued. Under this treatment patient improved and made a good recovery. In May he went abroad, and reported the fistula as giving him no trouble.

Case II.—Mrs. ——, æt. about 50. Twenty years ago had a fistula, for which she was cut by the late Dr. Haywood, and for years experienced no trouble. Within five or six years past has been subject to sudden attacks of severe and agonizing pain at stool, which would last for a few days and then subside. On the 6th of January, 1873, the pain became so intolerable that patient decided to submit to an examination, which was accordingly made. A fistulous opening was found at the edge of the rectum, on the right side, and opposite this a fissure, which last had probably been the cause of the excessive pain. She was ordered a sitz bath of hot water at once, with emollient applications, preparatory to an operation.

Jan. 9th. Patient was etherized, and a thorough exploration made. The orifice of the fistula was hidden by a small fungous growth, beneath which there was a free discharge of pus. The probe passed in more than an inch, but did not enter the bowel. The fissure was deeply ulcerated, and extended some distance within the anus. The fissure was operated on in the usual way, by cutting down through the base to healthy tissue, a quantity of ung. resinæ passed within the rectum, and a wet compress applied externally. This treatment was pursued till the 18th, when patient reported herself entirely relieved of the excruciating pain which she had had so long every time she went to stool. On this day another examination was made, and the fissure was found to be entirely

healed. An injection (carb. potass., grs. x, water, ʒj), was thrown into the fistula.

Jan. 20th. Injection repeated.

Jan. 22d. A great deal of trouble in finding the tract of the fistula. Injection repeated.

Jan. 24th. Injection repeated.

Jan. 27th. Fistula discharged freely. Little pain. Injection repeated.

Jan. 29th. Could not find the orifice of fistula.

Jan. 31st. Patient was etherized and a thorough examination made. Just at the edge of the sphincter another orifice was found, discharging pus, which, on being probed, proved to connect with the fistula first found, about an inch from its external orifice. Two ligatures were passed through and tied at their ends, forming a loose loop of about seven or eight inches. A quantity of ung. resinæ was applied by a suppository syringe, and a warm, wet compress placed over all.

Jan. 31st, P. M. Patient came out of the ether well. Feels very little pain or soreness about the ligatures.

Feb. 4th. Both orifices discharge pus freely. No trace of inflammation. A solution of potass. fus., 40 grs., water, 1 ounce, was made and thickened with flour, so as to prevent its effect extending beyond the locality intended; a small strip of cotton flannel smeared with it was then knotted into the ligature and drawn through the fistula, from the outside, so as to reach every part of its interior. On its withdrawal the ung. resinæ was applied as before, and patient was ordered into a hot sitz bath for twenty minutes.

Feb. 5th. Doing very well. Free discharge, from both orifices, of pus. Applied ung. res.

Feb. 9th. No change of treatment till to-day. Finding the bulkiness of the cotton flannel unnecessarily increased the difficulties of the operation, a few threads of linen were substituted, and the caustic paste reapplied, and then the suppository of ung. res.

Feb. 10th. Both orifices discharge considerable pus. Withdrew the ligatures and dressed with ung. res.

Feb. 11th. A small slough came away. Otherwise nothing noticeable. Dressed with ung. res.

Feb 13th. Fistulas entirely closed. No pain or tenderness in the region where they were. Injected into the rectum a solution of tannin, 10 grs. to the ounce of water.

Feb. 16th. Patient continues well.

THE SECULAR PRESS ON MEDICAL MATTERS.

BY T. D. CROTHERS, M. D.,
Of Albany, N. Y.

Having access to the exchanges of a prominent daily journal, I have often been amused and astonished at the extent of ignorance of the commonest medical facts displayed by the American press, and the facillty with which they admit to their columns the most ridiculous and impossible stories. A few instances may not be out of place:—

The poor unfortunates who are doomed to struggle down the line of this life with live snakes in their stomachs and bowels are not all dead yet. A Pittsburg paper has found a simon pure case, which is described in detail. The history is familiar, and the old story of drinking, and making a spring the tumbler, when a small snake is swallowed, and grows to great proportions, causing unheard-of suffering. But differing from many of this class, who are forced to swallow large quantities of liquor to keep the snake down, this poor man found milk and the juice of wintergreen an excellent remedy. His sufferings were many and fearful, like the boy described by Dickens, who swallowed the four and twenty marbles, causing such a rattling in his stomach as to alarm the neighborhood. So this poor fellow beat his breast and filled the air with his outcries when this serpent was excited. Finally the editor relieves the great sympathy created in the reader, by saying that an operation will be performed, laying open the stomach, and removing this reptile. It is needless almost to say that not a single instance is on record, authenticated, of any vertebrated animal living or growing in the stomach; nor any operation and removal of live snakes. The round worm occasionally vomited is not a sojourner there, for it is rejected, from the irritation which it creates. Why men should persist in believing such a physiological impossibility is difficult to understand.

A New York daily describes the attempt of a wealthy merchant to commit suicide, which failed, said the paper, because the windpipe was not cut. Another paper said the cause was that the jugular was not severed. Here is a double error, but yet in accordance with the received opinion on these points. Death does not necessarily follow a division of either, nor,

in fact, of both of these organs. There are several jugular veins, and from the external one blood is frequently drawn in bleeding. As to the windpipe, it is not uncommon to open it in croup, and for the removal of foreign bodies. A prominent lord in England studied the anatomy of the neck for months before he committed suicide, which he performed by opening the carotid with a penknife. The ignorance of these matters relating to the anatomy of the neck is the reason of so many failures in these private attempts to accommodate themselves and relieve their friends.

Then we come to the oft repeated story of cancer cures, and a paragraph gravely informs us that chloride of zinc has lately been discovered to cure all kinds of cancer, and hereafter the knife will never be used for this lesion again. This was no puff for a noted doctor, but a piece of news, supposed to indicate the great erudition of the editor. Alas for human expectations: this remedy has been known for many years, and its value tested long ago, and now it only lives in the practice of some daring quack.

A New York journal of literary reputation describes a scene at a station house, where a half murdered man was brought in with large knife wounds through his lungs and body. By staunching these wounds, and applying galvanism, he was so far resuscitated as to be able to relate the circumstances of his murder and describe the man who did the act. The journal says, "When the current of galvanism ceased he lapsed back into unconsciousness, and soon after died." Then follows some remarks on the value of galvanism in such cases. This story was taken up, and is now abroad, as a new phase of science. The merest tyro in medicine need not be told that this is a physical absurdity. To restore a man pierced with wounds and suffering from loss of blood is beyond the power of galvanism, which only acts on the physical organism as an excitant and irritant, to a certain degree.

Another learned editor displays much high-sounding rhetoric on the calm fortitude of an old divine who has had two attacks of apoplexy and is now grimly waiting for the third and fatal one; the old error repeated, of the third attack always being fatal. Observation will show that death may occur at any time, and the last may not always be the third attack.

Another item of news is going the rounds, about a strong boy who has the power to reduce his breathing to only four times per minute. This is said to be very puzzling to the doctors, and medical men from abroad are inquiring about it. This power is not so remarkable when we consider that probably every second man, woman and child possess it. The circulation of the blood is beyond our control, but respiration is largely under the control of the will.

The living skeleton, who has been for years unable to eat, from some specific cause, such as the ingestion of some noxious remedy, or falling while talking or eating, appears again in a Plattsburg (N. Y.) paper. This time the patient has gone five years without eating or drinking, is cheerful, and believes this to be God's judgment on her for some sin in the past. No case of this kind has ever stood the test of examination, or been authenticated; and the medical world has yet to know the possibility of such continuance of life in violence of all physiological laws.

These are only some of the most prominent instances, gathered from less than a dozen leading papers. What better authority can we have of the unreliable character of medical news and criticisms from the daily press on matters pertaining to medicine. And yet there are physicians who must have the daily journal, if they never take a medical paper. All their stock of thoughts must come from this source, and what medical knowledge they can find in such instances as detailed above. Were it not for contact with their neighbors they would retrograde, and as it is, they are simply dragged along with the times. This is a prominent reason why the daily press are so ignorant, and have so little knowledge of anatomy, physiology, or pathology. If the profession everywhere will subscribe for the leading medical journals, making them foremost above the secular press, and also make them mediums of exchange, of experience and practical facts, we shall have less of this blundering science, and less quackery. If editors should find on the tables of their family physicians the prominent medical journals of the day, they would be stimulated to consult them oftener on the accuracy of migrating stories relating to medicine. As it is, far too many of the profession content themselves with some advertising chemical journal, which they keep in the back office, concealed from their patients, and have the leading dailies, with a popular illustrated monthly, on the table. This is a great mistake. No physician can do with less than

two leading medical journals, to the neglect of all other literature, if he would keep along with the progress of events. Nothing gives more respect and confidence to the patients than to find on the doctor's office table late medical periodicals. Literary and educated men, particularly, know the value of the daily literature in all departments, and if the physician exhibits no interest in medical news from medical journals, something is wrong. This is the opening door for error and quackery of all sorts.

A CASE OF OBSTRUCTION OF THE BOWELS.

BY ALBERT DUNLAP, M. D.,

Of Fort Smith, Arkansas.

I was called at 2 o'clock, A. M., on the 4th inst., to see Mr. Davis, aged sixty-seven, whom I found suffering from severe abdominal pains, of a colicky character, which had continued without intermission since the evening of the 2d, and had been accompanied during the fourteen hours preceding my visit by distressing paroxysms of vomiting. About an hour before I saw him, a quantity of matter, possessing a very decided fecal odor, had been ejected from the stomach, and had been retained for my personal inspection.

The following facts, bearing on the case, were obtained from the patient: He had been for years subject to habitual constipation, and had also had a reducible inguinal hernia, for which he usually wore a truss when up and exercising. Just before the commencement of his attack he had taken a long walk, neglecting the usual precaution of putting on his truss before starting. The abdominal pains began immediately after his supper, which he ate soon after his return home; and hoping to get some relief thereby, he attempted to force a discharge from the bowels, with the effect of producing a very small evacuation and no relief. On going to bed soon after, he discovered that his hernia was down, and attempted to reduce it by taxis, in which operation he had become an adept, under the stimulus of necessity. Having failed to reduce the hernia by the usual manipulations, he resorted to the expedient of elevating the hips and lower extremities until he had almost reached the perpendicular posture, when the tumor returned to the abdominal cavity. About twelve o'clock next day, the pain still continuing, he took a dose of cathartic pills, soon after which the vomiting began.

Present Condition.—Exploration of the inguinal canal fails to detect any tenderness, or other evidence of an imperfectly reduced hernia; the pains in the bowels are referred to the upper umbilical and epigastric regions; there is but little tenderness anywhere in the alimentary tract, that can be detected by external pressure, and none at all of a circumscribed character, nor does palpation detect any tumor.

The question of obstruction of some character being well established, the chief object was to determine as to its nature and cause. My efforts in that direction were not so satisfactory, for while there was certainly an impediment, somewhere in the course of the alimentary canal, to the passage of its contents, there occurred to my mind four solutions of the problem, neither of which had sufficient evidence in its favor to establish absolute claims to correctness. Impacted fæces, constricted by a returned hernial sac, twisting of a portion of intestine, and intussusception, might either one exist; and any one of these causes might produce all the symptoms manifested. Acting on the hypothesis of the most favorable solution (that of impacted fæces), I injected warm water, in which a little salt was dissolved, freely into the bowels, by which, in a short time, two or three fecal discharges were obtained, followed by so much relief that I entertained some hope that my old friend's troubles were at an end. I directed the injection to be repeated in two hours, the patient to be kept quiet, and small quantities of chicken broth given, at intervals, the effects of which were to be closely watched.

1 P. M. I was sent for again, and found, on arrival, that the second enema had passed away unaccompanied by fecal matter, that soon after taking some chicken broth a sense of fullness, accompanied by torturing pains, began in the stomach and upper abdominal region, and soon after there was another paroxysm of fecal vomiting. My next procedure was to pump into the intestinal canal one and a half gallons of water, through a gum-elastic catheter, introduced its full length. The water passed off by several successive discharges, scarcely colored. Later in the afternoon, there being no mitigation of the symptoms, I requested a consultation with Dr. E. Duval, who agreed with me as to diagnosis and the inexpediency of a further resort to mechanical measures. The course adopted

was to keep the pain and peristaltic action of the bowels controlled by opiates, and to support the system by small quantities of brandy and milk, per ovum, and injections of beef tea. About 10 P. M. there was another paroxysm of fecal vomiting, which proved to be the last. On the next day, the treatment having been systematically kept up, there was a discharge of some fecal matter from the bowels. From this time until the morning of the third day, when the patient was considered sufficiently restored to need no further medical attendance, there was steady improvement; the opiates and brandy had been withdrawn by degrees, and larger quantities of milk given. Our instructions were to improve the diet gradually, and with the utmost caution. I will state in this connection, that a part of the treatment, which I omitted to mention in the proper place, was warm poultices kept constantly to the abdomen.

The points of interest in the above described case, according to my views, are the circumstances that tended to complicate the diagnosis, the unexpectedly favorable termination, and the obscurity that surrounds the means by which it was brought about. Of course, the hypothesis of an invaginated portion of intestine sloughing away, after adhesion had taken place, to prevent a hiatus in the bowel, is untenable, on account of the short time that had elapsed since the attack began, to say nothing of the lack of the more tangible evidence that would be likely to succeed such an event. By far the most satisfactory feature about the case is its happy termination.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE—CLINIC OF PROFESSOR S. D. GROSS.

REPORTED BY T. H. FENTON.

Saturday, April 18, 1874.

Fracture of the Thigh Bone in an Attempt to Break up the Adhesions in an Anchylosed Joint.

John C——, æt. five and a half years. Last April this child fell out of bed and injured his left hip. He ceased walking shortly after, and has had severe pain from that time. There is no abscess, no swelling, and no discoloration. There are some remains of the gluteo-femoral crease still left, and the width of the nates is increased. There is false anchylosis of the knee. We may also find adhesions of a ligamentous character between the articular surfaces in the hip, or perhaps bony adhesions may exist. The limb is much wasted and the foot cold. An examination under chloroform shows false anchylosis at the hip, as well as at the knee. The articular surfaces are rough, the result of inflammation of the synovial membranes. The crural and femoral muscles are contracted, as are also the adductors. We find, however, the motion is increased under the anæsthetic. We straighten the knee first and the hip afterwards, using only so much force as is necessary to accomplish our purpose. To relieve the knee, we keep the thigh as immovable as possible, by pressing it upon the bed, with the leg hanging over on one side, and then successively extending and flexing the leg on the thigh. We have obtained in this joint a very good result. I shall now move the hip in a similar manner, flexing the thigh on the pelvis. You observe it requires some force. I have succeeded, but not without an accident, which I shall speak of on Wednesday next.

Wednesday, April 22, 1874.

Gentlemen:—During the operation upon the little boy suffering from anchylosis, many of you no doubt heard a loud snap It did not arise from the breaking of the adhesions, but from the shaft of the thigh bone giving way a short distance above its middle. In connection with this case, allow me to make a few remarks in reference to the fragility of bones.

Fragility of bones, leading to fractures under slight muscular effort or very moderate external violence, may arise from various and very opposite causes, as chronic inflammation, atrophy or wasting of the osseous tissue, malignant disease, caries, necrosis, scurvy, general paralysis, and the action of the syphilitic poison. When the osseous tissue is at all seriously affected by any of these causes, the slightest injury may be sufficient to break it. To designate a fracture thus induced, the term spontaneous is often employed. I recollect the case of a young man, who, while laboring under tertiary syphilis, broke his right humerus nearly at the middle by throwing a chip of wood at a dog. I have met with two cases, both in elderly men, in which the femur gave way at its shaft in pulling off the boot, while the leg was lying across the opposite knee. Last autumn I saw, along with Dr. Warder, an elderly female whose thigh bone separated at its superior third, in stepping across the floor; and I am now attending, in consultation with Dr. Hutchinson, one of the physicians of the Pennsylvania Hospital, a lady, upward of seventy years of age, who broke both tibia and fibula at the ankle joint in a similar manner, as she was walking over the floor of her chamber. In neither of these cases were the toes caught in a fold of the carpet. In the first, the bone had been destroyed by chronic inflammation, eroding the compact as well as the areolar tissue; in the latter, the osseous tissue had doubtless become brittle, from the effects of advancing age. In old people the thigh bone often gives way at its neck, within the cap-

sular ligament, from the slightest causes, as turning in or slipping out of bed, falling upon the hip, striking the foot against a fold of the carpet, or stepping heedlessly over the curb-stone. An old lady, upward of seventy years of age, from whom I had removed the mammary gland nine months previously, on account of scirrhous disease, fractured her femur a few days before death, simply in an attempt to change her posture in bed. The dissection revealed the existence of carcinoma in the bony structure at the seat of the fracture.

Chronic inflammation of bone, the result of disease of a neighboring joint, or of protracted disuse, as in anchylosis of the hip, knee, or elbow joint, often so materially weakens the osseous tissue as to cause it to give way under comparatively slight force. I have met with some curious mishaps of this kind, not always of the most pleasant character. Many years ago a lady, upward of seventy years of age, a patient of the late Dr. John Bell, of this city, came under my care, on account of a neglected dislocation of the elbow joint, of about three months' duration. With the aid of chloroform I made the usual efforts at reduction; presently a loud snap was heard, and I found that the olecranon process had given way. Last summer, while attempting to straighten, for a youth of seventeen, a crooked leg, rendered so by caries of the tibia, partial anchylosis of the knee, and contraction of the hamstring muscles, the thigh bone gave way at its lower epiphysis. In the case of a man, forty-eight years of age, whom I saw about twelve years ago with Professor Pancoast, the femur gave way at its neck, within the capsular ligament, in an attempt to reduce a dislocation of that bone upon the ilium of three months' standing. In the case of the little boy, five and a half years old, whose thigh bone I accidentally broke the other day, in an effort to straighten the limb, the osseous tissue must have been softened by chronic inflammation, extending from the hip joint, which emitted a very marked noise, from the effects of old adhesions and the destruction of the synovial membrane. The muscles of the thigh, which had for a long time been flexed at a right angle with the pelvis, were very rigid; and, although the force which I employed was not beyond the average amount used under such circumstances, the bone gave way with a loud, sharp crack, breaking a short distance above its middle. The limb, as you noticed, was immediately put up in "glass dressing," and the case has been progressing favorably ever since, the leg and thigh bone being in a perfectly straight line, maintained in position by adhesive strips, a pulley, and weights.

I have met with three cases of fracture of the humerus, in stout, robust young men, produced by muscular action in feats of strength, the hands of the parties being interlocked, and the elbows firmly pressed upon a hard plane surface. The celebrated tenor, Rubini, while singing in the opera of "Il Talimæno," at Milan, broke his clavicle in a powerful effort to raise his voice. Both the acromion process and the neck of the scapula have been fractured by muscular contraction, an instance of the former having been reported by Mr. Phillips, and of the latter by Mr. May. A rib has occasionally given way in the act of coughing, sneezing, or slipping. Some years ago I saw a case along with the late Dr. Rohrer, in which a stout, athletic man, in a fall from a shed, fractured his sternum, through the inordinate action of the sterno-cleido-mastoid muscles. I know of several cases in which the thigh bone was broken at its shaft, in apparently sound healthy men, while engaged in playing at a game of nine-pins.

The facts now detailed are of great practical interest, as showing how easy it is for a surgeon, even with the greatest care, to break a bone rendered brittle by disease or disuse, in the attempt to straighten limbs, or to tear up the adhesions of an anchylosed joint. Such accidents, however, cannot always be regarded as unfortunate. In the case under your observation the other day, the distortion has been completely relieved. The child is sure to make a good recovery. In irreducible luxations of the elbow joint, the surgeon occasionally makes a good limb by a forcible fracture of the olecranon process; and in the case of irreducible dislocation of the femur, previously alluded to as having been under the joint care of Professor Pancoast and myself, the accidental severance of the neck of that bone was followed by a very excellent use of the extremity; the man being able to move his thigh freely in every direction.

To be Continued.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY. STATED MEETING, April 22, 1874.

DR. HERMAN KNAPP, PRESIDENT.

Scirrhus of Breast.

Dr. —— presented a specimen for a candidate. The patient was fifty-six years of age, married, and had two children grown up. There was no history of cancer, syphilis, or phthisis in her parents. But her brother died of cancer of the stomach, at the age of fifty years. Seven years ago she reached the change of life, but gave no history, before or after, of uterine trouble. One year and a half ago she noticed a lump, the size of a hickory nut, in her breast, and her attention was mainly directed to it on account of the pressure of her corsets. This increased in size up to the time of operation, when it measured five inches one way by four the other. At one point the skin was involved, and the glands of the axilla were much enlarged. The operation was performed without any trouble, the infected glands being removed at the same time. The tumor itself weighed four and a half ounces, and when submitted to microscopical examina-

tion gave evidences of scirrhus. The glands of the axilla yielded the same appearances.

Lumbo-Colotomy.

Dr. H. B. Sands. I was called out of town on the 12th of March, to see a woman, aged forty-five, who, for four weeks, had suffered from constipation; cathartics proved of no service to her, though they caused vomiting, which was absent at other times. The abdomen was very much distended, but it was difficult to say in how much it was due to fæces. I introduced my left hand, it being the smaller, as far up as the sigmoid flexure. I was prevented from going any further, from the size of my forearm. At this examination I discovered fæces, and was of the opinion that the obstruction was in the small intestines. Two weeks after I made another examination, and this time I used my right hand, but was still unable to detect any obstruction. During the six weeks previous to this the constipation was absolute. It was then decided to perform lumbo-colotomy. Amussat's method was employed, and the operation completed without difficulty. But the patient died next day, of shock.

At the autopsy there was no sign of peritonitis. The caput coli was very much distended, so much so, indeed, as to rupture the peritoneal covering; the other tissues, however, were not perforated. The obstruction was found to be about fifteen inches from the anus, and although I did not touch it, I must have been exceedingly close to it. This structure was found to consist of a sarcomatous growth occupying the posterior part of the circumference. The anterior fold is doubled on itself. The rectum shows a rupture of the muscular coat, eight inches from the anus, due in all probability to the examination by the introduction of the hand. The specimen also shows a rupture occurring post-mortem, caused by the endeavor to introduce the point of the finger into the stricture. There are some points of interest to consider in this case, and one is, that, according to the rule governing intestinal obstructions, we should look for the cause of acute obstruction in the small intestine, and of chronic in the large intestines. That was not true in this case. There was also another point brought out by the examination with the hand in the sigmoid flexure, and that was, that when the fingers were carried outward to the side of the abdomen, the site of the colon could be easily made out, and in this way the search for the colon was unattended with any difficulty.

Dr. Janeway stated that in a case of death where an autopsy was not allowable, the kidneys and a part of the liver were removed by the anus without very much difficulty. He also mentioned a case where a stricture of the intestines existed, from a previous dysentery, and where there was such a thinning of the intestinal wall that the introduction of the hand would have been very liable to have led to rupture.

Dr. Erskine Mason presented a specimen of colon and rectum, upon whom he had operated a short time previously. This man was about thirty years of age, and a car driver by occupation. Four years and a half ago he contracted a diarrhœa, which continued off and on till his death. For three years he has been under my observation. When I first saw him the stricture was about three inches above the anus, and was treated at that time by dilatation with a bougie. This patient latterly was in the medical wards of Charity Hospital, suffering from a cough. He was very anxious to have the operation performed, on account of severe abdominal pain from which he suffered. The abdomen was very much distended, and upon auscultation there was dullness; this was thought to be due to fæces. On the fourteenth of March I operated on him. The intestines were immovable from old peritoneal adhesions, but there was no trouble followed the operation. Seventy-eight days after the operation, he died of exhaustion, from the disease of his lungs. At the autopsy the lungs showed advanced phthisis. The colon was distended with gas, and its coats were five lines thick. Extensive adhesions were discovered binding the intestine down. The small intestine was contracted.

Colloid Disease of the Gall Bladder Opening into the Intestines.

Dr. E. G. Janeway presented a specimen of colloid disease of the gall bladder, with the following history: The woman was about forty years of age, and entered Bellevue Hospital in March. Six months ago she noticed a tumor, the size of an egg, situated in the region of the liver anteriorly. This increased in size, and attained its maximum five months after noticing it. It was then about the size of a cocoanut. During the past month it decreased, till she died. This took place recently. The patient ceased menstruating years ago. At the autopsy a tumor was discovered, which was called disease of the gall bladder. The liver was secondarily affected. This opened into the duodenum and colon. The sac was filled with fæces. In the lungs nodules of colloid cancer were discovered. The occurrence of colloid in the gall bladder, as the starting point, is a matter of great rarity, and were it suspected the diagnosis might have been assured by an examination of the fæces for colloid matter. The case was not attended by ascites or jaundice, inasmuch as pressure was not made on the bile ducts or vessels.

Dilated Vermiform Appendix.

Dr. Janeway also presented a specimen of dilated vermiform appendix. This was about the size of an ordinary length of sausage. It was obtained from the dissecting room, so no history could be obtained. Dr. Janeway explained that this condition was caused by closure of the opening of the appendix, and the mucus being continually secreted, a dilatation results. The specimen had not been opened, but Dr. Janeway explained that he had seen another specimen, the size of a child's head, and contents consisted of mucus and epithelium.

Fistula of Fallopian Tubes Communicating with the Colon.

Dr. Janeway also presented another dissecting-room specimen, in which the fallopian tubes were bound down over the uterus, and communicated with the sigmoid flexure, by means of a fistula.

Fibro-Plastic Tumor Occurring on the Thigh

Dr. Briddon presented a tumor which he had removed recently from a patient. It developed on the thigh, and was made up of alveoli, containing a greenish matter. Under the microscope it was found to be made up of connective tissue and a few cells. Dr. Briddon was of the opinion that it was of the fibro-plastic variety.

Atheroma, with Extravasation at Base of Brain.

Dr. Leale presented a brain, with the following history: In 1864 had an attack of sunstroke. Last September had an attack of left facial paralysis. On last Saturday morning had a convulsion, when the right side was partially paralyzed. An examination of urine showed it to nearly solidify by heat. The convulsions came on every fifteen minutes till he died.

Brain.—The membranes were adherent. On the left side, in the Sylvian fissure, was a clot. The middle cerebral artery was occluded by atheromatous deposit. Near the beginning of the middle cerebral was a fissure in the artery which caused the extravasation. The heart weighed seventeen ounces and one drachm; brain, fifty-four ounces.

Fatty Placenta.

Dr. Leale also presented a fatty placenta. There was no satisfactory history connected with it. The husband of the patient had signs of syphilis, and this placenta had not arrived at its full term.

WEST VIRGINIA STATE MEDICAL SOCIETY.

The seventh annual session of the Medical Society of the State of West Virginia convened in Morgantown, W. Va, on Wednesday, May 27th, 1874, at half-past two o'clock, P. M.

The session was called to order by Dr. M. S. Hall, the President, of Harrisville, who delivered the annual address. It was elaborate and eloquent, and was ordered to be published.

Dr. R. W. Hazlett, of Wheeling, chairman of the Committee on Necrology, made a brief biographical sketch of the late Dr. H. J. Wiesel. Referred to the Committee on Publication.

Dr. Wesley H. Sharp, of Volcano, read a lengthy report on new remedies, which was referred to Committee on Publication.

Dr. E. A. Hildreth, of Wheeling, reported on the Medical Botany of West Virginia, which was referred to the same committee.

Dr. J. M. Lazzell spoke at length of the therapeutic uses of Bay Berry, but especially as to its remedial effects in scrofula.

Dr. Isaac C. Berry presented his completed essay on "The Mind Kills the Body."

Dr. H. W. Brock reported several cases of strangulated hernia. Both referred.

Dr. John Frissell, of Wheeling, in a lengthy paper, reported cases occurring in his practice, including morbid growths or structures malignant in character, detailing the diagnosis and treatment of some of the most important of this character.

Dr. J. C. Hupp exhibited a shawl pin, over two inches in length, with a large globular glass head, which had been accidentally swallowed by a child six months old, and said, what is most remarkable in this case is the length of time (three weeks) that elapsed before the pin was passed. Referred.

Dr. R. W. Hazlett read an exhaustive paper on the Chemical Properties of Wine and its diagnostic value in the treatment of disease. Referred for publication.

Dr. S. B. Stidger, of Cameron, reported a very interesting case of colloid cancer of the breast, which was sent for publication.

Dr. J. C. Hupp reported a case of ruptured womb.

Dr. H. N. Mackey, of Morgantown, read an elaborate paper on nerves and their pathology, which was ordered published in their transactions.

Dr. H. W. Brock reported a case of phymosis.

OFFICERS ELECTED.

President.—Dr. M. Campbell, Parkersburg.

1*st Vice President.*—Dr. W. H. Sharp, Volcano.

2*d Vice President.*—Dr. M. F. Hullihen, Wheeling.

3*d Vice President.*—Dr. W. F. Van Kirk, Newburg.

Secretary.—Dr. Wm. M. Dent, Newburg.

Treasurer.—Dr. J. C. Hupp, Wheeling.

Next place of meeting, Point Pleasant, first Wednesday of June, 1875, at 2 o'clock, P. M.

THE GREENE COUNTY (INDIANA), MEDICAL SOCIETY.

This Society met at Broomfield, May 15th. President Cravens in the chair. The President stated that the object of the meeting was to reorganize and appoint delegates to the State Medical Society.

Dr. Lomak's resolution instructing the various counties to organize subordinate societies to the State Medical Society was adopted.

It was moved to adopt the constitution and by-laws as offered by the State Medical Society, and organize as auxiliary to said Medical Society.

The election of officers for the years 1874, 1875, resulted as follows:—

President.—W. C. Smydth, M. D.

Secretary.—P. L. Brouillette, M. D.

Treasurer.—S. C. Cravens, M. D.

Board of Censors.—Drs. Gray, Hilburn and Cravens.

Dr. Smydth read an essay on blood-letting.

Adjourned to meet in Bloomfield, June 19th, 1874. P. L. Brouillette, M. D., *Secretary.*

Editorial Department.

Periscope.

Bromide of Ammonium in Excessive Menses.

The following suggestions are by Dr. J. K. Black, of Newark, Ohio, in the Cincinnati *Lancet and Observer*:—

The rational mode of controlling certain excesses of the catamenia should be by aiming to remove the conditions upon which these excesses depend. Sometimes this may be from a mere atony or relaxation of the vessels, sequelæ of inflammation or ulceration, or from an abnormal condition of the blood itself, but more frequently is a too frequent or an excessive flow of the menses due, especially in its inception, to a too great excitation of the vaso-motor nerves. Whenever this is the case, there is no remedy at all comparable with the bromide of ammonium in controlling the morbid condition. When, without any other obvious causes, the blood being properly organized, the uterine surface not in a state of chronic inflammation or ulceration, there is a too frequent or redundant flow of the menses, either fault will readily yield to the proper administration of this remedy. It appears to act by a direct influence upon the vaso-motor nerves of the generative system, whereby excitement and blood determination are lowered and lessened, and so tend at once to the establishment of the normal standard.

I have so often tested the efficacy of this preparation in non-structural catamenial excesses, that I can speak with confidence of its remarkable powers. No more certainly do I anticipate the arrest of an attack of ague by the administration of quinine than do I anticipate the control of the forms of catamenial excess to which I have referred by the proper administration of the bromide of ammonium.

The other day I visited a young, unmarried lady, who had, for years, been subject to protracted and excessive, though regular catamenial flows. Of late she had displayed serious indications of tubercular disease of the lungs, and, in treating her for this my attention was drawn to the old and exhaustive monthly flows. I am not aware that this excess had ever been mentioned to a previous medical attendant, or that any attempt had ever been made to control it. As the flow usually lasted from a week to ten days, and was quite profuse, it appeared very desirable that its duration and amount should be curtailed, in order to preserve the system, under its new danger, against such a source of exhaustion. Accordingly she was put under the bromide, as follows:—

℞. Bromid. ammon., ℥j.
Syr. aurantii,
Aquæ, āā ℥iij. M.
Sig.—A teaspoonful before tea and at bedtime, commencing ten days before expected period, and continue through it.

Under this treatment, her mother informed me that she had been a great deal better during the last two periods than had been the case for years.

In the administration of the remedy, an essential rule is, that its use shall precede the expected period by at least ten days. Its administration only during the crisis will do very little, if any good. The sedative influence of the remedy must precede and accompany the stage of ovarian and uterine vascular engorgement, which itself preceded the flow by several days.

Some writers have spoken quite favorably of the remedy in dysmenorrhea and menorrhagia, administered in the usual manner; that is, during the crisis only. Having been frequently called to see cases of these disorders during their progress, I have failed to observe any very satisfactory evidence of its controlling power while administered only during the emergency. But when administered according to the above directions, it has not only, almost without exception, lessened a regular monthly excess, but it has, in appropriate cases, in quite a number of instances which I can recall to memory, changed a two-week into a four-week crisis.

On Gurjun Oil in Skin Diseases.

At a late meeting of the Medical Society of London, Professor Erasmus Wilson showed some of this new remedy, and stated that this material, which was also called "wood oil," was an oleo-resin, obtained from several species of the *Dipterocarpus*, an immense tree growing on the Malayan coast of the Bay of Bengal, where it was so common as to be used instead of paint, for houses and ships. About twenty years ago this oil was introduced into England as a substitute for copaiba balsam, and was reported to have the same medicinal properties. Opinion was, however, divided on this point, and the gurjun oil did not succeed in securing a place in the Pharmacopœia. In March, 1873, Dr. Dougall, of the Indian Medical Service, took charge of the convict establishment of the Andaman Islands, when he found twenty-four of the prisoners suffering from leprosy. He was deeply impressed with the misery of these poor people, and realizing the impraticability of availing himself of all known methods of treatment, he hit upon the idea of trying the gurjun oil, both as an internal and external remedy, and determined upon giving it a six months' trial. He closed the experiment in November, by a report, which was kindly placed in Mr. Wilson's hands by Sir Ranald Martin, and used in his lectures before the College of Surgeons. Dr. Dougall's

method was to have the patients washed thoroughly in a neighboring stream, using dry earth instead of soap. They were then made to rub themselves for two hours with a liniment composed of gurjun oil and lime-water, one part to three, and to swallow ʒij of the balsam, also combined with lime-water. After this they had their breakfast, and were set to any work they were capable of doing. In the evening the same process was repeated, except the washing. The effects of this treatment, at the end of six months, were marvelous. Neuralgic pains were allayed, sensibility was restored to the anæsthetic skin, tubercles subsided, and ulcers healed. Dr. Dougall was astonished at the energy of these formerly helpless ones. Mr. Erasmus Wilson remarked that he had used a liniment composed of equal parts of the gurjun oil and lime-water, in cases of painful eczema, in lupus, and in cancer, with very encouraging results, and stated that Mr. Hancock had applied it in a case of cancer of the skin, with the effect of dispersing tubercles and healing ulcerations; but its most useful property was that of relieving pain. A lady in constant pain from cancer of the integument, who had been unable to sleep without narcotics for weeks, was relieved of all suffering, and enabled to sleep, by means of this liniment. Mr. Wilson suggested that this very simple remedy deserved a trial at the hands of the profession, and believed that it would be found a valuable agent of cure in many affections where the skin was painfully attacked.

Cases of Senile Galactorrhœa.

The London *Medical Record* quotes some cases reported by Dr. Luigi Casa:—

The first case was that of a woman, G. M., aged sixty-five, in whom the galactorrhœa appeared without any previous indication of disease. Her parents had been healthy, and had lived to a great age, and she had not had any disease of importance. She had had seven healthy confinements, and ceased to menstruate at the age of fifty-five, for three or four years, after which she felt quite well. When she was about sixty years old the breasts began to swell; this continued for some months, and, as she said, was greater, and was attended with increased pain, at the full moon. There was no other drainage. The flow of milk then ceased for about two years, until the beginning of 1868, when Dr. Casa was called to see her. On examination, he found the breasts much enlarged, measuring about ten inches from the ribs to the point of the nipple. On gentle pressure a fluid escaped, which presented no difference in appearance from milk. Notwithstanding her age, she felt considerable venereal excitement; she had also pruritus of the genitals, which, however, was not very troublesome. She had lost her appetite, and was always slightly constipated. Dr. Casa could not, on careful examination, find any disease of the external or of the internal genital organs. He gave her Bonjean's ergotin, and in a few months the lacteal discharge and all signs of mammary engorgement disappeared. She died in the same year, of typhoid fever, following double pleuro-pneumonia.

The second case was that of a woman, aged about fifty, in whom the catamenia had ceased for some years, and who died of uterine cancer about two years ago. Her mother had died of the same disease at a very early age. Early in 1871, the woman, while consulting Dr. Casa on account of the uterine disease, showed him her breasts; they were enlarged, and in the course of a few weeks there was a discharge of a fluid presenting the characters of milk, but rather denser, and of a greenish color.

Foreign Bodies in the Female Urethra.

In the *Transactions of the Medical Society of the District of Columbia*, Dr. J. H. Thompson related the history of a woman admitted into Columbia Hospital, who he supposed to have been addicted to the habit of masturbation, but she denied the charge and left the hospital. She was subsequently re-admitted with symptoms of urinary calculus, and examination with the sound revealed a foreign body in the bladder, which was removed by the creation of a vesico-vaginal fistula, and proved to be the handle of a crochet needle, thus sustaining the original diagnosis.

Dr. Thomas Miller referred to a similar case, occurring many years ago, where the supposed calculus was extracted through a dilated urethra, and proved to be the handle of an old fashioned silver pencil case.

Dr. Busey stated that six cases had been reported in which the horse shoe pessary had been introduced into the urethra instead of the vagina, and that Dr. Storer had removed two of them by an operation.

Bromide of Sodium.

The *Druggists' Circular*, in a recent issue, says of this drug:—

Very little is said about this salt, in all the works on chemistry we have been able to consult. The new Pharmacopœia, it is remarked, makes no mention of it, but this omission shows not that the salt has little merit, but that it is seldom employed. The mission of a Pharmacopœia is simply to consecrate or register well-known formulas, not to introduce new remedies. Bromide of sodium is, as its name indicates, a compound of bromine and sodium. It is a permanent, colorless, and anhydrous salt. Its physical appearance is somewhat different from that of the bromide of potassium, and its taste quite distinct from that of the potassium compound. All the samples of bromide of sodium we have seen were in small crystals, looking very much like table-salt, and tasting exactly like this last named compound; they are, however, quite hygrometric. Bromide of potassium, as you know, is generally

made in crystals of the size of those of iodide of potassium, and has a distinctly acrid taste. Of course, by some manipulations, bromide of potassium might be obtained in small, and bromide of sodium in large crystals, but the difference in taste is very marked. Indeed, the resemblance of the bromide of sodium to the ordinary table-salt, in that respect, is so great, that both could be mixed together and used to season food without awakening the suspicions of one person in ten. Outside of this preliminary examination the usual chemical tests will distinguish with certainty the potassium from the sodium-salt. To cite only the simplest method, if an excess of tartaric acid be added to a moderately concentrated solution of bromide of potassium, there will be formed, after some hours, a granular precipitate; while the solution of the sodium compound will not, under the same circumstances, undergo any change. Bromide of sodium, besides, should answer all the tests of purity given by the Pharmacopœia for bromide of potassium, with the exception of the quantity of nitrate of silver necessary for complete precipitation.

Reduction of Femoral Dislocation by Reid's Method.

Dr. James Wier describes the following case in the Canada *Lancet*:—

I was called to see Charles Dawson, æt. twenty-eight years. He presented the following symptoms: Face and lips pale and exsanguinated; an unnatural prominence on the right dorsum ilii; an obvious shortening of the right leg; the foot strongly inverted; the toes pointing to the instep of the left foot; the limb very much adducted, with the knee resting on the inner and under side of the opposite thigh. There was dyspnœa, and the act of respiration caused a good deal of pain. There were also contused wounds on the back of the head, nose, right shoulder and arm. Any movement of the body, or even a jar, caused him considerable amount of pain.

After examining him as minutely as possible under the circumstances, I put him under the the influence of opium, had him placed on a bed in a steel-springed wagon, and removed home, where I placed him on the floor, and put him under the influence of chloroform. On removing his clothes I could diagnose with certainty a luxation of the head of the femur, upward and backward, on the dorsum of the ilium, the head of the femur resting just behind the anterior inferior spinous process. I immediately proceeded to reduce the luxation, adopting Reid's plan: *solely by manipulation.*

The patient lying on his back on the house floor, I took my stand on the injured side, and seized the ankle with one hand and the knee with the other. I then flexed the leg on the thigh; and strongly adducting it, I carried it over the sound one, and at the same time upward over the pelvis, by a semicircular sweep, as high as the umbilicus. Then, abducting the knee gently, turning the toes outward, the heel inward, and the foot across the opposite limb, making *gentle oscillations of the thigh*, the head of the bone slipped into its socket with an audible snap, and the whole limb slided easily down into its natural position beside the sound one. These manipulations were performed in a much less time than I have been describing them. After the operation I tied the legs together, placed a firm bandage round the chest, so as in a measure to restrain its movements.

Alcohol on the Nervous System.

Dr. J. G. Thornley, M. D., writes to the *Medical Press and Circular*:—

A. L., a married woman, æt. forty years, has been of intemperate habits for a number of years past. On Saturday evening, January 31st, she drank a large quantity of alcoholic liquor, and on the following Sunday morning I was called to see her, when I found her in a state of coma, with slightly stertorous breathing and contracted pupil; the power of deglutition was completely abolished; sensation and volition were in abeyance, loud speaking and pinching the skin having no effect in rousing her. During the state of coma, and especially when that state was wearing off, she was affected at short intervals with fits of an epileptiform character, which consisted of clonic spasmodic movements of the arms and legs, while the tongue was slightly bitten on one or two of these occasions. Cataplasms of mustard were applied to the calves of the legs and over the region of the heart. In the course of a few hours the clonic movements ceased, and consciousness gradually returned. This improvement went on slowly for twelve days, during which time the pulse was quick, 120, the temperature generally ranging from 98·5° to 100·5° F., the tongue furred and the bowels constipated. At the end of the twelfth day, I found the patient lying in a dull, listless state, not wishing to be disturbed. Although mustard was applied externally, and stimulants given internally, this state increased until symptoms of compression of the brain were evident, viz., the pupil dilated, the eye half-closed, showing the insensibility of the retina, breathing stertorous, pulse slow, 64, and as the left arm and leg lay perfectly still, while occasionally there were movements of the right leg, and picking at the bed-clothes with the right hand, I suspected that there was hemiplegia of the left side. A blister was now applied to the nape of the neck, and kept on for ten hours, and a stimulating enema was administered, and after the patient had remained in a state of unconsciousness for two days, during which time the power of deglutition was lost, recovery commenced and progressed until it was perfect. As recovery progressed, the power of the left leg and arm gradually returned.

I am of opinion that the first symptoms in this attack, viz., coma and epileptiform fits, were due to the immediate toxic effects of the alcohol, and that the relapse during the course

of the affection was due to compression of the brain by serous effusion, probably owing to the effects of alcohol on an already weakened and partially disorganized nervous system.

That alcohol acts in a primarily injurious manner upon the nervous system is an established fact, as post-mortem examinations upon the bodies of known drunkards revealed morbid changes in the brain in 92 per cent., and upon one occasion, when Dr. Aitkin, of Netley, had an opportunity of making a post-mortem examination on the body of a known drunkard, he found in the sub-arachnoidean serum 2·6 per cent. by volume, and 2·1 per cent. by weight, of alcohol.

Local Use of Chloral.

In the Atlanta *Medical and Surgical Journal* Dr. E. M. Nolan gives this case:—

A few months ago a lady at her catamenial period requested relief from a very distressing and painful headache. I dissolved fifteen or twenty grains of chloral in very little water, and with the tip of one finger rubbed it upon one of her temples until she could very sensibly feel the burning, and until the skin was reddened. The part rubbed was not larger than a silver dollar, but when I ceased the pain was entirely relieved and remained so. I have used it in this manner many times since, in ordinary nervous headache, and have never been disappointed, save one time, and then the patient was partially relieved. I sometimes rub one temple, and sometimes both, according to the effect desired. There is no inconvenience from the application. The surface turns slightly red, and feels a little sore upon being touched, for two or three days. There is a slight desquamation of the epidermis, and soon there is no sign left of the application.

Vegetable Remedies in Syphilis.

For many years after the discovery of America guaiacum enjoyed an extensive renown as an anti-syphilitic. Lately it has been revived by Dr. A. McBride, in a letter addressed to the Cincinnati *Lancet and Observer*. He has had large experience with it, and he thinks the chief reason it has fallen into desuetude is that it is so hard to get into the stomach in sufficient doses. In the case of the decoction large doses require to be taken for months. But this is not so bad as the tincture; for however made up, it is repulsive, and soon becomes intolerable. It should then be made up into pills, which will be taken readily enough; but the success of the pills depends upon how they are made. Alcohol is the only proper excipient. The resin should be powdered, and ligneous and cortical impurities be sifted out; the mortar, pestle, and pill-machine should be warm, and a very little alcohol added; it can then be made up quickly into pills, which will keep well. Of these about a dozen can be taken daily, and they answer well for secondary and tertiary manifestations (especially cutaneous) of syphilis.

In the *American Practitioner* Dr. C. C. Graham suggests another vegetable remedy. He writes:—

I desire to make known to the medical public a discovery I made many years ago, of a vegetable cure for syphilis. This is a tincture of datura stramonium and phytolacca decandra. Of the best proportions of the ingredients I am not now able to speak with confidence, but my recollection is that I made the tincture of one ounce of the stramonium-seed and half a pound of the poke-root to two quarts of common whiskey. I am sure I have, in the last fifty years, treated by this tincture twenty cases of syphilis, many of them of the worst form, with perfect success. It is proper to add that I got the hint of poke-root as a remedy in the disease as long ago as 1815, when I was a pupil in Dr. B. W. Dudley's office, at Lexington, where I saw it given successfully in the case of a negro man.

The Relation of the Vomiting of Pregnancy to the Quantity of the Liquor Amnii.

Mr. Donovan communicated to the Obstetrical Society of Edinburg the following case:—

Some months ago I was consulted by a lady who was about six months pregnant, and who, almost from the date of conception, had suffered so severely from sickness of the stomach that her life was a burden to her. She had not been able to retain food of any sort for more than half an hour; in fact, it was no sooner down than it was up again. I ordered her a mixture containing bismuth and hydrocyanic acid, which, when taken before eating, enabled her to retain her food for about two hours. This state of things continued up to the time of her confinement, in which I attended her. When I saw her she was twelve hours in labor. On making an examination, I found the os very slightly dilated, the head presenting, but no trace of the usual bag of liquor amnii. On asking the nurse when the waters had come away, she told me there had been no discharge at all. Certainly there was no sign of water or other loss on the bed clothes. The os uteri showing a tendency to rigidity, I recommended the patient to inhale a small quantity of chloroform, which she refused. She, however, took some warm beef-tea, which she threw up, and in a short time the os relaxed. The first stage of labor had continued eighteen hours. In two hours from the time the os uteri commenced to relax, the patient was delivered of a healthy, fully-developed child, without the loss of more than an ounce of fluid, which appeared more like mucilage than liquor amnii.

The inference I have drawn from this case is, that the distressing symptoms during pregnancy were caused by the almost total absence of liquor amnii, allowing the fœtus to come in direct contact (during movement) with hypogastric and other ganglia of the sympathetic nerve situated in the neighborhood of the uterus.

Reviews and Book Notices.

BOOK NOTICES.

An Essay on the Climatic Fevers of the South-western, Southern, Atlantic, and Gulf States. By James C. Harris, M. D., of Wetumpka, Ala. Charleston, S. C. pp. 103.

Next to the study of the causes of epidemic diseases ranks the investigation into the origin of endemic maladies, especially those which arise from that mysterious something which we are accustomed to call *malaria*. What this is has been the inquiry of the author of this pamphlet. The answer he gives is, in his own words, as follows: "*Malaria* cannot be anything other than a *gaseous element*, the result alone of the combination of the *elements of decomposing dead organic materials*" (p. 91). It is thus seen that he at once disclaims allegiance to the germ theory, now the favorite one. The arguments by which he supports his view are carefully chosen and arrayed, and deserve attentive reading from those interested in the question.

A Practical Treatise on the Surgical Diseases of the Genito-Urinary Organs, including Syphilis. Designed as a Manual for Students and Practitioners, with engravings and cases. By W. H. Van Buren, A. M., M. D., etc., and E. L. Keyes, A. M., M. D., etc. New York, D. Appleton & Co., 1874. 1 Vol., 8vo, cloth. pp. 672.

This work will, we doubt not, receive a warm welcome from the profession. Professor Van Buren has long been one of the most popular teachers in New York city, and his views and treatment of the special department of surgery to which he has given such prolonged and enlightened attention have a right to command more than ordinary respect.

The work is divided into two parts. The first is upon the diseases of the genito-urinary organs, and the second on chancroid and syphilis. The former occupies about two-thirds of the work, the latter the remainder.

Genito-urinary diseases embrace, first, those of the penis and urethra. Among the former, cancer, phimosis, and paraphimosis are the more important. Two chapters are devoted to gonorrhœa and its complications, and four to strictures of the urethra, their varieties and treatment. Diseases of the prostate and bladder are next considered, after which vesical calculus is studied, with the various operations for lithotomy and lithotrity. Diseases of the kidney, ureters, scrotum, testicles, and cord, each receives a chapter, and a series of sound remarks is made upon those opprobria of scientific medicine, spermatorrhea, masturbation, impotence, and nocturnal pollution.

In the second part the chancroid and true syphilis are considered separately, and the modes of communication and diagnosis of the latter are very thoroughly exposed. After the general treatment of the disease has been stated, in which the authors declare for an intelligent use of mercury and iodine, the local manifestations of the disease in the skin, mucous membranes, eye, ear, special tissues, viscera, and nerves, are examined in separate chapters, the whole concluding with a section on inherited syphilis.

From this brief reference to the plan of the work, it will be seen that it covers a wide and important field in surgery. A complete index is added, and one hundred and thirty four illustrations are inserted in the text. The paper and presswork are of that superior character which mark most of the publications of the Messrs. Appleton.

Lectures on the Diseases of Infancy and Childhood. By Charles West, M. D. Fifth American, from the sixth revised and enlarged English edition. Philadelphia, Henry C. Lea, 1874. 1 vol., sheep, 8vo, pp. 678.

For more than a quarter of a century "West on Diseases of Children" has been a familiar book in the libraries of both English and American practitioners. The charming style, as well as the judicious advice and wide experience of the author have secured it a success and prolonged life granted to few medical works. The present edition, though not materially enlarged, has been closely revised, and much of it rewritten. It presents the fruits of a more extended experience, and gives the verdict of its author on the changes and new remedies which have been introduced into infantile therapeutics during the last seven years. Those who have a copy of the former editions and esteem it, will not regret purchasing this one.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 13, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

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Our serial publications are the weekly MEDICAL AND SURGICAL REPORTER; the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, published each January and July, constituting a *supplement* to the REPORTER, not repeating any article contained in the latter, and giving a carefully condensed view of the progress of all branches of medical science throughout the world each six months; and the PHYSICIAN'S POCKET RECORD AND VISITING LIST, published annually.

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Dr. D. G. BRINTON has entire charge of both the business and editorial management of these publications. All communications should be forwarded to him, and all drafts, checks, post-office orders, etc., made payable to his order, at the following address:—

OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

THE STUDY OF PATHOLOGY.

What attaches any interest to single facts in science, is not the character of the facts themselves, however curious, novel or peculiar these facts may be, but it is the force with which they illustrate some general law. In looking over the reports of the numerous pathological societies which are printed in our own and foreign medical journals, it would appear that many of the members consider their duty done when a specimen is produced, described, and laid on the table.

Now a catalogue of the peculiarities of a pathological specimen is invariably jejune, uninstructive and uninteresting, unless some history of the case be given, some details of symptoms, and also the connection be exhibited between the special abnormalities of this specimen and the general law of morbid changes.

Pathology, in its broadest sense, carries us into the most intricate and subtle spheres of thought. Regarded in its widest meaning, it embraces the profoundest enigma with which the human mind can grapple, to wit, the nature of *evil*. For every divergence from perfection, every falling short of the ideal form, every mark of decay, every lesion in organic life, is a *pathological* phenomenon. And it is indifferent, here, whether we look on the mental or the physical world, for we are beginning to learn that any distinction between the two is a fictitious one, for the sake of convenience only, and not true in fact; just as we speak of the inner and outer aspects of the arc of a circle, though absolutely the same line forms both.

Pathology, in this sense, has been studied by no one so admirably as JOHN HUNTER, and he it was, in fact, as has been fully recognized by BUCKLE, in his *History of Civilization in England*, who first showed it embraces so broad a field of inquiry. HUNTER'S was one of those gigantic minds which seek to hang every fact on some general law, and to recognize in each isolated specimen the microcosmic picture of the universe. Such intellects are rare, and in the

mass of detail which is now heaped upon science, are likely to be rarer.

Pathology, we have intimated, is not to be regarded as merely a product of disease. Such was not HUNTER'S notion, and such is not the right one. In whatsoever points an organ falls short of the ideal perfection of such an organ, to that extent it is a pathological specimen. And just here we take a long step in advance of our fathers. In their days Bridgewater Treatises were published, at large expense, to show the wondrous perfection of the works of nature, and it was currently believed that this perfection once well set forth, no longer any doubt could be entertained but that nature is a work of design, by some unsurpassable Intelligence.

But alas for these monuments of erudition! Now DARWIN arises, and attacks the minor premise of this syllogism, by setting up the blind struggle for existence, the spontaneity of nature, and the doctrine of unconscious evolution, as all-sufficient to explain any appearance of intelligent design in organic beings; and HELMHOLTZ gives the *coup de grace* to what remains of the beautiful though fragile structure, by straightly denying that any such wondrous perfection of organisms exists at all, by showing, indeed, to quote his own words, that even that marvelous organ, the human eye, "regarded as a dioptric apparatus must be severely condemned as mathematically ill-constructed, and inaccurate, so much so that an artificial one on the same plan, and no more accurately adjusted, would be rejected by any physicist!"

The vaunted perfection of nature is far less, then, than we once thought it was. All the greater becomes the sphere of pathological inquiry. Everywhere we see the struggle toward perfect form and function; nowhere do we find it attained. Look close enough, and in every gem there lurks a flaw. The seeds of decay and death flourish in every soil, and the barren rocks themselves acknowledge their power.

This is the tremendous field of inquiry which opens before the pathologist. The forms of beauty and divine skill which charmed the childhood of the world and instructed its youthful days, disappear before the more accurate insight of to-day, and reveal omnipresent traces of insufficiency, failure, and disease. This fair realm of living creatures seems no longer the handiwork of gods, but the bungling attempts of some "prentice hands." Man's mind, outstripping the material world around, knows, to a certainty, of a perfection of form no creature has yet attained, of an absolute adjustment of means to ends which creation cannot show, of a freedom from pathological manifestations which is not found in the objects with which our daily life deals. This enables him to see and to estimate the self-destructive elements in created things, and to group them under laws, which will ultimately, so far as any laws may, explain the weighty problems which underlie the questions of life, decay and death.

NOTES AND COMMENTS.

Therapeutic Notes.

TREATMENT OF OLD ULCERS.

The Roosevelt Hospital treatment of languid old ulcers is, that they are dressed with Labarraque's solution (liq. sodæ chlorinatæ) until the sore becomes surgically clean. The solution is to be diluted with water, according to circumstances. If then the granulations have a healthy appearance, the ulcer is strapped, and the limb bandaged. If the granulations become flabby and inactive, a dressing of balsam of Peru is applied, and over that straps and bandage. Grafting is resorted to in certain cases, when the ulcer is of some size, and, in this manner, a certain proportion are made to heal very rapidly.

BENZINE IN SEBORRHEA.

Mr. Canty, of Liverpool, in his late work on "Cutaneous Medicine," recommends, as the best solvent for sebum, benzole, used either pure or as a lotion. "If," he says, "there are collections in the convolutions of the ear, where instruments can only be inconveniently used, pure benzine, applied with a brush, will readily dissolve the sebum, leaving the central black

spot quite intact, as a pillar of dirt and hairs in a cavity. If used on the face, back, or shoulders, some camphorated oil, being added to ten times the quantity of almond oil. The mixture should be rubbed into the skin at night. In the morning the benzole lotion should be applied with a sponge or flannel, and afterward the parts well washed with warm water and soap." He gives the following formula:

℞	Benzole,	℥ss
	Gum tragacanth,	℥ss
	Aquæ.	℥viij.

We need not add that comedones or pimples on the face, so annoying to many young persons, are forms of seborrhea.

TREATMENT OF RANULA.

The *Doctor* says that in the case of a man, æt. 28, who suffered from ranula so large as to cause a tumor the size of a hen's egg beneath the jaw, Dr. Betz determined to make use of Dr. Kyll's method, and to put a hair suture into the tumor in the mouth, and bring it out in the neck. The mouth was frequently washed out with warm water. The patient was cured in about a year. Dr. Betz thinks that the opening of the fistula in the neck is certainly pleasanter for the patient than when it is made into the mouth. The chief point in this matter is not to take out the hair suture too soon, or relapse will take place.

"Domestic Medicine."

A writer in the Leavenworth (Kansas) *Medical Herald* gives the following prescription as one ordered by a neighbor of his in a case of capillary bronchitis:—

"℞. Chamber lie and molasses equale parts give A Tablespoon every 2 hours until i come agane yours Dr. ——

P. S.—dont be afrade. It is a dedner on lung feavor."

The Prevention of Cicatrices.

In the Cincinnati *Clinic* Dr. Andre gives the subjoined case, illustrating an ingenious method of overcoming cicatricial contractions:—

In the Military Hospital of Constantinople, I attended a soldier cook, with an extensive scald in the third degree, on the right arm, forearm, and side. After the healing of the wound, the forearm was close to the arm in such a way that all the extension above the length of the fingers in flexion was impossible, the fingers in this position reaching the deltoid. The nodular tissue extended over four-fifths of both arm and forearm.

To overcome the difficulty of motion I have proceeded in the following manner: With a *trois-quart explorateur* I made a series of perforations through the whole length of the cicatricial tissue, at the distance of two or three lines from each other. In each of these holes I introduced a silver wire of a good size, and left it in place. When those openings were healed, I made an incision through the whole cicatrix, following the line of the artificial openings. I placed the arm in extension, where it healed, and I obtained a complete success.

Medical Properties of the Ailanthus.

The ailanthus tree is well known as a shade tree in the eastern United States, familiar to all by its graceful foliage and the disgusting odor of its flowers, which latter quality has almost banished it from our gardens. According to Dr. Robert, chief medical officer of the French fleet in the Chinese seas, it is a valuable medicine in dysentery. He has found that in hot climates it gives results superior to those of ipecacuanha, calomel, and astringents, either with or without opium, and to the treatment by milk. The bark of the root is the only part used, and the mode of preparation is to make an infusion of about two ounces by weight in four ounces of water. The bark is lightly bruised, and the infusion is passed through a filter. The dose is a dessert-spoonful morning and evening, either by itself or in a cup of tea, for three days, great attention being at the same time paid to the diet. If, at the expiration of eight days, the affection is not cured, the treatment should be recommenced. The infusion is very bitter, and produces nausea, and if the above dose is doubled vomiting is induced. In four of Dr. Roberts' cases the ailanthus was given, with other remedies; in twelve others it was given alone, and a cure was always effected in from eight to twelve days.

A Sign of the Commencement of Diabetes.

Dr. Follet, in the *Revue des Sciences Médicales*, April 15, quoted in the London *Medical Record*, states that a lady, aged twenty-six, showed all the outward signs of the most robust health, but complained of feelings of weight after meals, accompanied by giddiness and hot flushes. But some of her finger and toe nails

had fallen off, leaving the subungual dermis covered with a fine pink epidermis, showing no change whatever. There was no trace of inflammation in the matrix around the circumference of the nails. The father of the patient, who was not syphilitic, had seen his nails fall off in the same way, without pain or suppuration; and eighteen months after the appearance of this accident, he died of diabetes. This information induced M. Follet to examine the urine of the patient, in which he found six grains of sugar to the litre.

In this case there was doubtless a circulatory disturbance analogous to that which, in more advanced cases of diabetes, brings on localized gangrene of the hands and feet.

The Ingestion of Broken Glass.

Giacomo Casanova, in his interesting though cynical *Memoirs*, relates that one of the most fatal substances administered by the Italian poisoners, was powdered glass. It is tasteless, easily disguised, and produces an irritation of the bowels, which leads to a certain though slow and apparently natural death. Yet at a late meeting of the California State Medical Society, Dr. Trafton gave the history of an insane patient, who swallowed various hard substances, but seems to have given preference to glass, and the fragments swallowed were of every shape, and with angles and edges natural to broken glass. That such bodies could be swallowed, and when swallowed, that they could traverse the intestinal canal, and without lacerating it fatally, no one could believe without such indubitable proof as appeared. The largest piece of glass was four inches in length. This fragment Dr. Trafton had traced through the abdominal parietes in its course. The patient recovered both health and reason.

Correspondence.

Foreign Body in the Rectum.

Ed. Med. and Surg. Reporter:—

I send you an account of the following rare and singular case. At 12 o'clock on the night of the third of April, 1874, Mr. Charles C. Backus, a large well-formed man, over six feet in height, weighing about two hundred and twenty-five pounds, aged thirty-five years, a machinist by trade, and boarder at the Farmers' Hotel of this place, came to my door, called me up, saying that he had a curious case for me, and related the circumstances as follows: While undressing for the night, on removing his clothing, his heel caught in one leg of his pants; losing his balance, he fell back and sat down into a chair standing behind him, the anus coming directly upon a whiskey tumbler standing bottom up in the chair. The tumbler, measuring one and three-fourths inches in diameter at the bottom, two and a half inches at the top, and two and three-fourths inches high, disappeared through the sphincter ani, passing into the rectum. The sphincter contracting again completely. Thinking he could remove it himself, he procured at a hardware store some pincers, and succeeded in getting hold of it, broke out a piece of glass from the rim four-eighths by six-eighths of an inch in size, leaving a sharp edge, cutting like a knife, bleeding at the time, from his own manipulations, as I afterwards learned, a common sized chamber vessel full. On his arrival at my office I found that the least dilatation of the sphincter ani caused blood to flow. After attempts with my fingers, forceps, and endeavors to introduce the whole hand to turn and remove it, the parts becoming very sensitive and irritable, I procured a bottle of ether, and walked with him to Dr. M. Goldsmith's office, related the circumstances to him, and, at his suggestion, had three tubes of suitable length, varying in diameter, made of tin, ends turned and perfectly smooth. The smallest to be first introduced through the sphincter ani, then over that the next size, finally the largest, and of a size suitable to slip over the rim of the tumbler and allow of its seizure with forceps, so that tumbler and tube might be brought out together. The patient left the office at two o'clock, A. M., walked to his hotel, laid down a short time, and even slept a little, and at 8 A. M., the hour designated, walked back to the office, remarking to me that it troubled him little, if any to walk, and the presence of the tumbler in the rectum caused no pain to speak of. With the assistance of Dr. M. Goldsmith and Dr. E. A. Pond, after putting the patient under the influence of ether, which required a considerable quantity, the tubes were introduced, the smallest passing the sphincter very readily, the next size not so easy, the largest with considerable difficulty and not satisfactorily; it could not be made to engage the tumbler; the bottom or part uppermost, as it was situated, leaning towards the bladder, the rim and part from which a portion had been broken pushed back towards the sacrum. Fingers, forceps, and levers were again brought into requisition, and finally, by the introduction of the hand, the intestine, which was tightly contracted about the upper part of the tumbler, was pushed off, and the small end brought down; in short, the tumbler was turned, and then, with the assistance of a blunt hook, brought out, considerable blood being lost during the efforts at removal. The effects of the anæsthetic soon passed off, and the patient was carried to his hotel. Very soon he complained of great pressure and distress in the epigastric and hypochondriac region; pulse be-

came frequent and feeble; countenance pale. On the 14th, the next morning, I found him greatly prostrated; had vomited frequently during the night; pulse very rapid and feeble; extremities cold; extreme tenderness and pressure in the abdominal region. His death took place at two o'clock, P. M. The cause of his sinking so early was doubtless internal hemorrhage. Had the tumbler not been broken, it is quite probable his life would have been saved. A similar case is said to have occurred at Lyons, in France, and I understand a case was reported some time ago in this country. I would be glad if any one reading this article could give an account or refer to a report of any similar case that may have anywhere occurred.

GEORGE H. FOX, M. D.

Rutland, Vt., May 5th, 1874.

The Decimal Weights in Prescriptions.

ED. MED. AND SURG. REPORTER:—

In reading the journals the past year, I have been very frequently troubled to make out the correspondence between the metric and the apothecary systems of weights and measures. To avoid this I prepared a table on a piece of letter paper, which I now carry pasted on the inside of my pocket memoranda. Thinking that others also might be troubled in the same way, I send you my table for publication. Any one can prepare a similar table by getting his starting points from any recent chemistry or arithmetic, but it takes considerable time to do all the figuring.

My table is arranged thus:—

Troy.	*Metric.*	
1-60 grain.	.001070	Milligramme.
1-48 "	.001350	"
1-32 "	.002025	"
1-20 "	.003240	"
1-16 "	.004050	"
⅛ "	.008100	"
⅛ "	.016200	Centigramme.
¼ "	.021600	"
⅓ "	.032400	"
½ "	.064800	"
1 "	.129600	Decigramme.
2 "	.194400	"
3 "	.259200	"
4 "	.324000	"
5 "	.388800	"
6 "	.453600	"
7 "	.518400	"
8 "	.583200	"
9 "	.648000	"
10 "	1	Gramme.
15.4322 "	1.296000	"
20 or scruple	1.944000	"
30 " drachm ss	3.888000	"
60 " drachm	7.776000	"
120 " drachm ij	15.552000	Decagramme.
240 " ounce ss	31.104000	"
480 " ounce		

To reduce Centigrade to Fahrenheit, multiply by 9 and divide by 5, then add 32.

To reduce Fahrenheit to Centigrade, subtract 32, then multiply by 5 and divide by 9.

Fluid Apoth.	*Fluid Metric.* Cubic centimetres.
Minim 1	0616125
" 2	1232250
" 5	3080625
" 10	6161250
" 20	1.2322500
" 30	1.8483750
Drachm 1	3.6967500
" 2	7.3935000
" 3	11.0902500
" 4	14.7870000
Ounce 1	29.5740000
" 2	59.1480000
" 4	118.2960000
O 1	473.1840000
C 1	3785.4720000

= 3 Litres.

EXAMPLE OF PRESCRIPTION.

℞ Syr. ipecac, 59.1480 C. C. metres.
Tr. gentianæ co., 73.9350 "
Fl. ext. verat. viridis, 3.6967 "
Brom. potassii, 3.8880 grammes. M.

Read, syr. ipecac, 59 and 148 thousandths cubic centimetres. Tr. gentianæ co., 73 and 935 thousandths cubic centimetres. Fl. ext. verat. viridis, 3 and 696 and $\frac{7}{10}$ thousandths cubic centimetres. Brom. potassii, 3 grammes, 8 decigrammes, 8 centigrammes, and 8 milligrammes, or 3 and 88 and $\frac{8}{10}$ centigrammes.

Another:—

℞ Opii. pulvis .1944 grammes.
Bismuth sub-nit. .7776 "
Calomelanos .6480 " M.

Read, opii pulvis, 1 decigramme, 9 centigrammes, 4 and $\frac{4}{10}$ milligrammes, etc. Three decimals are all that is used in actual work, but in all the multiplying, adding, etc., we have to run the decimals out.

Another:—

℞ Rhei. pulvis, 15.5520 grammes.
Saponis, q. s. to make 120 pills.

Read, rhei. pulvis, 1 decagramme, 5 grammes, 5 decigrammes, 5 centigrammes, and 2 milligrammes, or 15 and 55 and $\frac{2}{10}$ centigrammes.

Any one wishing to make a set of metric weights, can do so by weighing ten or more five-cent nickels, take the average one as the standard gramme. Make the one, two, five ten, and fifteen gramme weights out of lead. Make the decigramme weight corresponding, out of sheet zinc; the centigramme and milligramme out of platinum foil. The five milligramme weight ($\frac{1}{15}$, nearly, of a grain) is about as small a weight as can well be handled. Get them marked at a jeweler's, using only figures and the decimal point.

I made my fluid measure by taking a long, straight, lamp chimney. It is ten inches long and one in diameter, and has a sudden constriction one and one-half inches from the bottom, which is two inches in diameter. Into this I inserted a cork from the top, then run over and around it a tablespoonful of plaster of paris, which made a smooth, flat bottom, then I made a wood bottom, four inches square, and a half inch thick, and fastened it to the chimney by means of a long screw, through the bottom piece, up into the cork. Next, weigh carefully, and then add a five gramme weight to the weight pan; then balance with water in the chimney at 60° F. Now measure the distance to the surface of the water with a fine rule, and graduate from this 5, 10, 15, 20, 25, etc., with a

piece of quartz or diamond. At the top mark C. C. metres.

For the small fluid measure take a test tube, run into the bottom a little plaster of paris, and fasten it into a large cork for a bottom; weigh carefully, and add to the weights one gramme; balance with water, and graduate as in making the first measure. One gramme of water at 60° F., or 15.5° C., is one cubic centimetre. Lastly divide these cubic centimetres into tenths. These measures, being cylindrical, are more accurate than the old fashioned flaring ones. I would suggest that the manufacturers of physicians' visiting lists print on one of the fly leaves a table similar to the one above.

M. W. Lilly, M. D.

Grand View, Iowa.

News and Miscellany.

Medical Legislation in New York.

The following statute, entitled "An Act to Regulate the Practice of Medicine and Surgery, in the State of New York," was passed by the Legislature of that Commonwealth, May 11th.

Section I. Every practitioner of medicine or surgery in this State, excepting licentiates or graduates of some medical society or chartered school, shall be required, and they are hereby commanded, to obtain a certificate from the censors of some one of the several medical societies of this State, either from the county, district or State society; which certificate shall set forth that said censors have found the person to whom it was issued qualified to practice all of the branches of the medical art mentioned in it. And such certificate must be recorded in a book provided and kept for the purpose by the county clerk of each county in the State.

Sec. II. The censors of each medical society aforesaid shall notify all practitioners of medicine and surgery of the terms and requirements of this act, and shall request such persons, so notified, to comply with those requirements within thirty days after such notification; and if such persons shall not, within the time specified in the notice, or within such further time as may be allowed by special arrangement with said censors, not exceeding ninety days, comply with the requirements herein made of physicians or surgeons, as the case may be, such persons shall thereafter be subject to all the provisions and penalties prescribed by this act for any violation of the same, and the president of the society making such request shall, and he is hereby required to, at once commence the proceedings authorized by this act against such person.

Sec. III. It is hereby declared a misdemeanor for any person to practice medicine or surgery in this State unless authorized so to do by a license or diploma from some chartered school, State board of medical examiners, or medical society, or who shall practice under cover of a medical diploma illegally obtained; and any person found guilty of such a misdemeanor shall, for the first offence, be fined not less than fifty nor more than two hundred dollars; for any subsequent offence, not less than one hundred nor more than five hundred dollars, or by imprisonment not less than thirty days, or by both imprisonment and fine; and all such fines shall go into the county treasury of the county bringing such action.

Albany Medical News.

—Dr. James McNaughton, President of the Medical College, sailed last week for Scotland, to be absent four months.

—A new Medical College, called the Capital City Medical College, has effected an organization of officers and faculty, but it is doubtful if they go further at present. It was organized under the supposition of the death of the old Medical College, which seems to have suddenly rejuvenated, from the stimuli of threatened opposition.

—O. C. Cobb, of West Troy, who was convicted and fined five hundred dollars for sending obscene matter through the mails, has received the appointment of jail physician of that city. Why this man, who holds a diploma from a regular College, and is a member of the Albany county Medical Society, should not be expelled, is a mystery, unless it be from personal friendship by some prominent members of the Society. The respectability of any Medical Society is materially lowered when it retains such men as members in good standing.

—Drs. Samuel H. Freeman and John V. Lansing, of Albany, and Alexander M. Vedder, of Schenectady, have been appointed pension examining surgeons at Albany.

—The scheme to use the water of the Hudson river for all purposes, has passed, in spite of a general protest of all the medical men. The work of putting down the pipes and pumping engines has begun. The water is to be taken from the river opposite the city. The result will be a rapid increase in typhoid fever and cerebro-spinal meningitis, and flush times for medical men.

A Monument to Eustachius.

Professor Virchow has written a letter calling on medical men to subscribe in aid of a monument, to be erected to Eustachius, in his native village, San Severino, near Salerno. The discovery of the Eustachian tube, of the suprarenal capsules, and of the thoracic duct, and the exact demonstration of so many portions of neurology, splanchnology, and myology, designate Eustachius, in the history of the progress of science, as a helpmate of Vesalius and an anatomist of wondrous insight.

Excessive Morality.

It is not often that in these days we have to complain of government officials being "right-

eous overmuch." But we can do so on learning, from the last number of the *American Journal of Pharmacy*, that a druggist was recently found guilty and fined, under the Act of Congress, for sending by mail obscene articles, because he had thus forwarded to a customer a female syringe.

Personal.

—We regret to announce that on May 23d Mrs. Maria R., wife of Dr. C. E. Brown-Séquard, died at her residence, in New York City, after a long and painful illness. Mrs. Brown-Séquard was the daughter of the late George Carlisle, of Cincinnati, and was forty-four years old.

—Most prominent among the victims of the flood at Williamsburg, Mass., was Dr. E. M. Johnson, 36 years of age. He was seen rushing out of his home toward a place of safety, with two of his three little children, his wife, who was a native of Frederick, Md., carrying the other, but the whole family were overtaken by the flood and lost together. He formerly lived at Feeding Hills, and graduated at the New York College of Physicians and Surgeons in 1862.

—Miss Jacobs, the first woman-doctor in Holland, has just passed her examination. She obtained her diploma at Gröningen.

—"Dr." Spillassy, a Fourth Ward, New York, corn doctor, became excited in a discussion with a patient, a week or two since, and thrust his corn knife into the patient's shoulder, inflicting a dangerous wound.

QUERIES AND REPLIES.

Ergotin.

Dr. E. R. S., of Ill.—Your inquiry as to what Ergotin Dr. Read employs in his treatment of cerebro-spinal meningitis, has been referred by us to him. He replies: "It was partly of French manufacture, Bonjean's, and partly of American make, Powers & Weightman's, of Philadelphia. The cases were about equally divided in this respect, both in number and in the gravity of the symptoms."

Rectal Stricture.

MR. EDITOR:—Rev. M. P. O. suffered for 20 years with hemorrhoidal tumors, situated at the middle of the lower third of the rectum, which invariably prolapsed at every defecation. Five years ago he was operated upon by Dr. ——, which operation resulted in stricture, rendering defecation impossible without injections. A No. 16 bougie barely passes by using considerable force. Can anything be done for his relief? ILLINOIS.

Elixir of Pepsin, Bismuth and Strychnia.

Dr. W. J. B., of Md.—You will find several formulas for the preparation of this elixir, of various strengths, in the HALF-YEARLY COMPENDIUM, for July, which will be ready in a fortnight.

The Wheel Crutch.

Professor Pancoast informs us that the maker of the wheel crutch is Mr. Darrach, Essex Co., N. J. Mr. Gemrig, of 109 South Eighth street, is his agent here. Our correspondent can address either Mr. Gemrig or Mr. Darrach.

OBITUARY.

DR. C. M. BISHOP.

This gentleman died suddenly, on Thursday night, May 28, at his residence, in Manchester, York Co., Penna., aged sixty-four years, one month, and nine days. He was attacked while at breakfast, on the morning of the day mentioned, with apoplectic symptoms, and became at once unconscious. He was born in Baltimore, Md., commenced practice in 1838, and continued in Manchester as a successful physician to the day of his death. He was much respected by the community, and leaves a widow and one child.

MARRIAGES.

HAMILTON—CRAIG.—At St. Paul's Church, Baltimore, by Rev. Dr. Hodges, May 21, 1874, Allan McLean Hamilton, M. D., of New York, and Miss Florence Rutgers Craig, daughter of the late Pinckney Craig, of Tallahassee, Fla.

JOHNSON—DE ANGELIS.—At St. Peter's Church, Rawdon, England, on May 13, by Rev. Robert Howard, Thomas Mason Johnson, M. D., of Salford, Manchester, and Julia, daughter of the late Gideon De Angelis, of New York.

MAHON—STEVENSON.—On Thursday morning, May 21, at St. John's Episcopal Church, Carlisle, Pa., by the Rev. W. C. Leverett, Rector, Irwin Mahon, Esq., of Philadelphia, and Miss Maria B. Stevenson, daughter of Dr. T. C. Stevenson, of Carlisle.

MYERS—TOBIAS.—On the 27th ult., in Cincinnati, by Rev. J. J. Lyons, Elijah Myers and Ellen, daughter of Dr. S. I. Tobias.

NELSON—MOORE.—At Wells River, Vt., April 22, by Rev. Wm. S. Palmer, James R. Nelson, M. D., and Lillias A., youngest daughter of Samuel A. Moore, Esq., both of Wells River.

STEVENS—GWYNNETH—On Thursday, the 28th ult., at the house of William O. H. Gwynneth, in Vineland, N. J., by the Rev. E. R. Beadle, D. D, A. H. Stevens, M. D., and Ara B. Gwynneth, all of Philadelphia.

DEATHS.

BROWN-SEQUARD.—May 23, at 10 P. M., Maria R., wife of Dr. C. E. Brown-Séquard, and daughter of the late George Carlisle, Cincinnati, Ohio, aged 43 years and 11 months.

BULL.—In this city, on the evening of the 28th ult., Emma R., wife of H. Heber Bull, and daughter of the late Lorenzo N. Henderson, M. D.

LEWIS.—At his residence, in Trumansburg, Tompkins County, N. Y., May 12th, 1874, Dr. J. Delos Lewis.

MITCHELL.—On May 18, Elizabeth Kearsley Mitchell, eldest daughter of the late John Kearsley Mitchell, M. D.

PEASE.—In Williamsburg, Clermont County, Ohio, on Sunday night, May 24th, of disease of the heart, Dr. L. T. Pease, in the 66th year of his age.

SAVAGE.—In Covington, Ky., May 23, 1874, Kate Savage, daughter of Dr. Geo. S. Savage.

THE

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Original Department.

Medical Societies.

THE AMERICAN MEDICAL ASSOCIATION.

The twenty-fifth annual meeting of the American Medical Association convened at Houghs' Detroit Theatre at half-past eleven o'clock, Tuesday, June 2d, the President in the chair.

The exercises were opened with prayer by Bishop McCoskry.

Wm. Brodie, M. D., then read an address of welcome.

At the conclusion of the Address, Dr. Brodie, from the Committee of Arrangements, announced the programme of arrangements.

Dr. Brodie, of the Committee of Arrangements, announced that invitations had been extended to prominent members of the medical profession in the Dominion of Canada to attend this meeting, and moved that the following be admitted to seats: Prof. Richardson, Toronto; Dr. Casgrain, Windsor; Dr. C. B. Hall, Toronto; Dr. Robert Lambert, Windsor; Dr. A. A. Andrews, Windsor; Dr. E. Nesbitt, Sandwich; Dr. George McMicking, Goderich; Dr. F. B. McCormick, Ripon, Ont.; Dr. F. F. Bell, Amherstburg. The motion was unanimously adopted.

Dr. Richardson, of Toronto, being introduced as the spokesman from the Canadian delegation, expressed his gratification at the unexpected honor conferred upon him by this selection. He spoke of the pride he felt in being a member of the noble profession. In 1856 he was an attendant at the meeting of the Association, and his experience on that occasion made him accept the invitation to this session with avidity. He announced that several noted Canadian physicians who had not yet reported would arrive during the day.

Dr. Toner then read the following

INAUGURAL ADDRESS.

Gentlemen of the American Medical Association:

Custom has made it a duty for the presiding officer to deliver an address at the opening of each annual session. As the opportunity is one to be prized, though distrusting my ability, I hope, with your indulgence, to meet with the requirements of the occasion. Your long line of distinguished Presidents have gleaned the fields of inviting inquiry, and have so carefully garnered the germs of medical thought, and spoken such earnest words of counsel and encouragement, as to make it difficult to select new topics or improve upon their recommendations and admonitions. My remarks shall be neither long, learned, nor abstruse, but I trust suggestive and practical.

Note 1.—This Association is a true medical republic, national and representative, Catholic and paternal. It admits to membership delegates from all respectable medical institutions throughout the United States.

Note 2.—The territory of the United States extends from near the twenty-fifth to the forty-ninth degree of latitude (or including Alaska to within the Arctic circle), and from the sixty-seventh to near the one hundred and twenty-fifth degree of longitude, embracing nearly 4,000,000 square miles, and over 40,000,000 population.

Note 3.—The American Medical Association met in Detroit in 1856. A few would have it an arena where any and every subject that can enter the mind of a medical man might be introduced, without order or even definite purposes. Others would be content and feel rewarded for the expense and loss of time in the enjoyment of the social elements so lavishly evoked on all these occasions. But the arrangement for scientific discussions and the exchange of professional views, with the social reunions which the average judgment of the gentlemen who are in the habit of attending the meeting from year to year has approved, come as near meeting the requirements and securing due con-

sideration to every factor, social, ethical, and professional, that enters into and serves to advance the true interests of the whole profession, and bind it in one harmonious brotherhood. as any general policy that could at present be adopted.

Aggregations of individuals form communities, and intercourse establishes society. Common interests and enlightened sentiment, with frequent meetings and exchange of views, evolve dominant ideas and dominant ideas rule not only societies like ours, but the world.

Twenty-eight years ago this society was organized, in the City of New York, on a basis to represent the regular profession of the United States. Whether it has always acted wisely, or done the best and all that was possible, under the circumstances, for the elevation and advancement of the profession, must be impartially judged by our successors.

Note 4.—The first meeting was held in the City of New York, May 5, 1846, on a call of the Medical Society of the State of New York. for a national medical convention. This action was brought about chiefly through the far-seeing wisdom and active exertions of N. S. Davis, M. D., then of Binghampton, New York. All medical societies and institutions throughout the United States were solicited to join in the measure. A convention assembled, which led to our present organization. The institutions represented in the first meeting were: State medical societies, 7; local medical societies, 13; colleges, 14; hospitals, 2. Total, 36 institutions, from seventeen different States, sending in all one hundred and twenty-nine delegates.

Whatever it has done it will be conceded has been done with disinterestedness and a sincere desire for the elevation of our noble calling, and for the more speedy and certain relief of human suffering.

Of those who find fault, I might ask: What organizations or institutions are perfect, or give even general satisfaction? They are not to be found among religious creeds, nor are they to be found in any known code of laws. They do not exist. But the great improvement taking place throughout the world in all the conditions that regulate society and protect the rights of the individual is marvelous. And though absolute perfection is not attainable, we are striving with encouraging success to elevate and perfect as far as possible the art and science of medicine. If I possessed the ability to draw a picture that could correctly represent the status of the profession and its organizations throughout our country at the period when this association came into existence, and contrast it with one showing our present prosperous condition and numerous organized societies, the younger members would scarcely recognize them as representing the same profession.

Note 5.—In 1840, when the American Medical Association was formed, there were but about one hundred and twenty-five medical societies and institutions of all classes in the United States. At the present time there are over twelve hundred. The first medical organization in the United States that I have seen any reference to was one in Boston in 1741. Another was formed in Philadelphia, Pennsylvania, in 1765, of which John Morgan was a promoter and active member. In 1766 the New Jersey Medical Society was formed. In 1773 the American Medical Society was formed in Philadelphia, Dr. William Shippen, President. In 1776 the Delaware Medical Society was formed. In 1781 the Massachusetts Medical Society. In 1784 the Connecticut Medical Society. In 1787 the College of Physicians, Philadelphia. In 1789 the Medical Society of South Carolina. In 1791 the New Hampshire Medical Society. In 1799 the Medical and Chirugical Faculty of Maryland.

It is not too much to claim that this Association, by the mere moral support it gives in encouraging the formation of local medical organizations, has done immeasurable good. and added largely to this result It fully recognizes the unity of the regular profession throughout the United States. At the same time it has erected a standard of medical excellence and ethical *esprit du corps* never before attained in America, and has persistently and publicly held them up for admiration and adoption. It has drawn with distinctness a line that separates the regular from the irregular practitioner, which will in the future, as in the past, be firmly maintained, and it is desirable, as far as practicable, to encourage uniformity in the plan and scope of all medical societies which in the sphere of their influence correspond to our civil political divisions; and further, I think we should continue our efforts to encourage these local medical organizations, until every State and county in the United States shall have its medical society. holding proper relations with each other and with this body. The association is now and always has been anxious to bring into its fold the leading physicians from every State, and from every city and village, and rural district in the land, and has solicited and still invites original papers on any subject that can advance medical science. It has published annually, from its organization. a volume of contributions, and regular and special reports of great value in the different departments of medicine on questions of immediate interest to the profession.

Note 6.—The *Transactions*, as numbered, reach twenty-four volumes. From an oversight of the early publishing committees the proceedings and transactions of the first two meetings (1846 and 1847), which are known as the proceedings of the National Medical Convention, are not included in the series.

It must be apparent to all who are familiar with the history of medicine, or have enjoyed for a considerable number of years a position favorable for overlooking the great army at work in the wide field of professional duty throughout the United States, that the concentration of medical thought and the scientific aspirations of the profession of the country, as

expressed through this central association, are such that by its unity of action it exercises more influence now than ever before, or that would be possible without such combined association.

Note 7.—The number of physicians in the United States, who in 1870 paid internal revenue tax, was fifty thousand. This is in the proportion of one physician to every seven hundred and sixty of the whole population. The last United States census, taken in the same year, in the return of persons by occupation, gives sixty-two thousand three hundred and eighty-three as physicians male and female, which is in the proportion of one physician to every six hundred and eighteen of the total population. In France and England there is but one physician to every two thousand of the population, the proportion being much larger, however, in the cities than in the rural districts. This is particularly noticeable in States in which there has been recent legislation affecting the profession and public health.

Note 8.—The several States are gradually enacting laws to secure registration of births, deaths and marriages, and establishing State Boards of Health. But, indeed, it is rather surprising that so few (California, Massachusetts, Michigan, Minnesota, and Rhode Island) have any laws upon this subject in successful operation.

Maryland and Virginia have recently established boards. Massachusetts deserves to be followed as a model in her registration and health laws, as well as in their intelligent execution.

It is within the observation of all, that while the profession is advancing in knowledge and influence, so is the general intelligence of the people, who are yearly demanding greater protection to their health and greater skill and ability on the part of their physicians in the various branches of medicine.

Education is synonomous with elevation. Knowledge in medicine, as everywhere else, is power and ability. It is a source of sincere congratulation that our medical educational institutions are rapidly enlarging and perfecting their curriculums, and becoming more thorough and efficient in teaching the science of medicine.

Note 9.—In 1859 the Chicago Medical College (now the Medical Department of the Northwestern University of Illinois) adopted the three years' course, and a system of graduated classes and a lecture term of six months. In 1872 Harvard University adopted practically a similar course. I am not aware that any other college has yet adopted this plan. The system is working well in both the institutions named. It has so much to recommend it that it is to be hoped all our first-class colleges will adopt it within a very few years.

In 1870–71 returns from 51 medical colleges show 5776 matriculants, and 1698 graduates. In 1871–72 returns from 36 of the 60 medical colleges show 4956 matriculants, and nearly 1400 graduates. In 1873, in 59 regular medical colleges there were 780 instructors employed. There were 6491 matriculant students, of whom 1941 received the degree of Doctor of Medicine. (See Report of Educational Department for 1873).

The successful medical man must be fully up with the age and the times, conversant with the latest means of diagnosis, the theory of diseases and their cures. He must have tested the newest remedy, examined the most recent invention; must have read the latest telegram. And, indeed, the genius of the profession, responding to these demands, has devised physical tests for an exact diagnosis in almost every important disease. There is scarcely a vital function the normal or diseased action of which cannot be determined with accuracy, through the aid of some chemical test or mechanical device. The improvement in this direction is still actively progressing.

Note 10.—We shall enumerate but a few of the many appliances used in diagnosis, as they will readily occur to the mind of the physician: The dynamometer, the microscope, the ophthalmoscope, the laryngoscope, the rhinoscope, the stethoscope, the pleximeter, the endoscope, the specula, the sphygmograph, the spirometer, the thermometer, the anæsthesometer, anæsthetics, chemical examination of excretions, etc.

Perhaps there is no branch of medicine brought so prominently before the public as that of surgery, or that has been so much improved within a few years.

American surgeons can justly claim to have done their part to advance its efficiency.

Their daring and successful operations, as well as their ingenious devices and numerous mechanical appliances, are the admiration of the profession everywhere.

It is the judgment of those who watch closely the workings of this Association that questions of a hypothetical, local or transient character ought not to be intruded here. The time of the Association should be fully employed in scientific discussions, and in the consideration of questions of necessary and proper legislation.

The absence of delegates from the Massachusetts Medical Society has been noticeable for several years. I trust that at the present meeting delegates from that old and influential organization may resume their rightful places. It richly deserves the congratulations of the Association and the profession of the country for lopping off all irregular practitioners who, by various pretexts, sought to fasten themselves upon it.

The judicial council of twenty-one, created at the last meeting, whose duty it is "to take cognizance of and decide all questions of an ethical or judicial character that may arise," will no doubt greatly promote harmony and facilitate the business of the Association.

It is also confidently believed that the change in the plan of conducting the business before the different sections will add to the general interest and efficiency of our meetings. This change may require us to prolong our session to at least four days. Should each chairman

of the five different sections occupy the time of the general session allotted to him for an address, which shall review the progress of medicine within the scope of his section, it is not likely they could all be delivered in less than two days. The regulation adopted for the stenographic report and daily printing the remarks of members will make each speaker more deliberate and perhaps more anxious to have his views fully and carefully stated. With a view to secure more time for our deliberations, I recommend that a regulation extending our sessions to four days be adopted. The hope entertained by some physicians, of excluding irregular and unimportant productions from the profession by legislative enactments and penalties is, I apprehend, in our country, not to be realized.

The thorough systematic education, the skill and availability of the services of the regular medical man must instinctively create in the minds of the people an appreciation of his superior claims to their confidence, and thus the profession become a law for its own protection, which must prove stronger and more enduring than acts of assemblies or rulings of courts.

Note 11.—The earliest law passed by any of the American colonies having reference to the medical profession was the ninth act of the General Assembly of Virginia, passed October 21, 1639, to compel physicians and surgeons to declare on oath the value of their drugs and medicines. This law was revised and amended in 1645–6, and again in 1657–8. (See Hening's statutes at large, vol. 1, pp. 316, 450). The earliest law concerning medical men passed in Massachusetts was an act in 1849, applicable to chirurgeons, midwives, and physicians. (See laws of Massachusetts, edition of 1672, p. 29). The earliest legislation that established or regulated the fees of physicians in America, that I have seen, is the act of Virginia, August, 1736, entitled, "An act for regulating the fees and accounts of the practicers of physic." This act authorizes the courts to make a distinction between the amounts charged by the physicians regularly educated in medicine and those who have been merely apprenticed. (See Hening's statutes at large, vol. 4, p. 509.)

Its efficiency and influence with the public rest solely on the amount of its useful scientific and practical professional knowledge. Let us at all times and seasons insist upon increasing these by every means possible. Ignorance and charlatanism should be made odious by contrast. I wish to call the attention of the profession to the advantage of competitive examinations, whenever appointments are to be made among professional men to medical institutions, as the best mode of securing the most efficient, encouraging the industrious and careful student, and rewarding the really meritorious medical man. We all know that it is not true in fact, whatever may be the theory, that one graduate is just as good and as competent as, and no better than, others. It is a duty we owe to ourselves and to the public to give our approbation and encouragement to those who, by special application and thorough study, become eminent in the profession. The man of real ability is usually retiring and without diplomacy, while the shallow pretender is full of tact, and is aggressive and persevering, and therefore, too often for the dignity and advancement of medical science, intrusted with the management of our public institutions.

It seems to me very desirable that a complete and well endowed physiological and pathological laboratory should be established somewhere in the United States, preferably in one of our great cities. Such a laboratory should be organized, not merely for the elementary training of students, but for the encouragement of original research in histology and in experimental physiology and pathology. The great utility of such institutions has been demonstrated by the experience of Germany, where they are to be found in almost every university town, and where they have rendered possible the brilliant series of discoveries which has given Germany in modern times the lead in all matters connected with physiology and pathology. One or two similar institutions have recently been established in England, and we also must make an effort in this direction, if we mean to keep pace with the profession in other parts of the world.

Medicine has always been more advanced through the fortunate discoveries of the few original observers than it has in centuries of adherence to dominant theories.

I wish, further, to suggest or to inquire whether our influence ought not to be given to the end that all medical institutions created by law or acting under charters should be required to make and publish annual reports of their facilities, their labors, discoveries, and the extent of their operations, to the legislative body that created them.

The principle should obtain, that when a charter issues the institution assumes a public character, and should be held responsible by the public for the manner in which it exercises its privileges, raises and expends its funds, and conducts its business. The public has a right to claim this much, that it may profit by experience, correct abuses, and encourage only the deserving. It has been estimated that there are about two thousand four hundred separate and distinct diseases. The number will probably be reduced as our knowledge of physiology and pathology, and of the natural history of diseases becomes more general and accurate.

What seems at first, in many cases, to be a specific difference, frequently disappears as we become more familiar with the range of circumstances and variations that enter into the producing causes, as well as those that may prolong and modify prominent symptoms. Hospitals for the cure and medical treatment of the insane have been provided for most liberally by the general government and by nearly all the States. Being public institutions, and yet bearing the character of specialties, and possessing une-

qualed advantages, it seems but natural that the profession should expect reports from them, with records of carefully studied cases, and detailed accounts of autopsies, and microscopic examinations of diseased brain and nerve tissue, of practical value to the general practitioner. A most important step has been taken in this direction by Dr. J. P. Gray, Superintendent of the New York State Lunatic Asylum, at Utica, who requested that a special pathologist be appointed as his assistant in that institution. The Doctor's recommendation to this end was unanimously passed by the Legislature, and an accomplished microscopist was appointed to the position. A complete outfit for careful chemical and microscopical examinations and for autopsies, and for taking photo-micrographs of diseased organs and tissues was provided. The late reports already attest the wisdom of the measure.

If a hospital for the exclusive treatment of cancerous diseases were opened in some of our large cities, where cases could be kept under treatment and careful observation throughout all the stages of the disease, it would supply an urgent want, and do much toward developing and discovering more efficient means for combating this terrible disease. The pathology of this malady is now, perhaps, better understood than is the power of remedies over it. An institution of this kind has recently been founded in England.

The number and character of the medical works and journals annually published in the United States, show that there is a rapidly increasing demand by the profession of the country for the most recent views in medicine, and particularly of the leading histologists and pathologists of the world. Instead of the few, the majority of American physicians are becoming industrious readers and careful students, and demand the latest and most scientific works.

Twenty-five years ago it would have taken eight or ten years to bring new views fairly before the profession for trial, that will now be read, revised, tested, confirmed or contradicted within six months, by scores of different observers throughout the country.

The telegraph, even, has been brought into requisition, and contributes its power to assist practitioners in distant cities to carry on consultations for the benefit of influential or distinguished persons.

Note 12.—Louis Napoleon, Greeley, Chase, Agassiz, Sumner, and many others, even the names of patients and their diseases, are frequently given in the dispatches of the Associated Press, with the names of the physicians and the special treatment adopted. What more striking evidence of the progress of the age, and of the intelligence of our profession, and of the people who are interested in and avail themselves of the latest inventions and advances in the physical sciences?

There are some hundreds of young physicians of first-class ability, noted for their originality of thought and boldness of investigation, residing in different parts of our country who are working with the scalpel and microscope, and the test within, the spirit of true philosophers. But where we have ten such we ought to have a hundred. It is from among such that must come the leading medical men of the future.

Young physicians are peculiarly adapted for experimental investigations by having the time, the enthusiasm and the daring imagination to be original. They are also free from undue reverence for old ideas, and are without preconceived theories, conditions so essential for original experiment and discovery, for which age is found to be largely disqualified.

It is therefore chiefly to the young that the profession must look for its original work and new facts. And while we are deeply gratified and ever ready to award due praise to the retired or deceased physicians, who have fairly won, by earnest study and devotion to medicine, the highest honors of the profession, I feel it to be a duty to encourage by honorable commendation deserving young men who, by virtue of genius, industry and force of character, are conquering obstacles to increase the knowledge of our profession and gain recognition and success. Such young men become the teachers of their teachers, the masters of the colleges.

Preventive medicine is now attracting the earnest attention of many of the most profound thinkers in the profession. Within the personal observation and memory of each of us there have been great advances made in the control and prevention of disease. There is much still to be done in this direction. I confidently look forward to the time when epidemics of cholora, yellow fever and small-pox will be prevented with a certainty just in proportion to the dissemination of the knowledge of efficient preventive measures, and the faithfulness with which the means are applied.

Note 13.—The epidemic of small-pox in Philadelphia, in 1872, which, according to reports of the Board of Health, caused 2585 deaths, and including the deaths from small-pox in 1871, 4464, is an evidence of the lax manner in which is applied even the simplest and one of the best known preventives to a most loathsome and destructive disease. But Philadelphia is not the only city where small-pox has of late appeared and caused many deaths. The public should be made to feel the responsibility, if not the criminality, of neglecting to apply effectually the well-known preventive. I think the time is not remote when the national government will feel justified in authorizing a central public health council of some kind, to act as auxiliary and advisory to the different States and municipal health boards and quarantine organizations of the country.

The organization of State, county and city boards of health should be encouraged by the medical profession, and authorized by law in every State. It is within the power of such bodies, if properly constituted and filled with intelligent and energetic physicians, who will make sanitary matters a study, to add much to the security of public and private health. In

deed, the organic law of each State should require every county and city to have a board. Their mere existence tends to educate the minds of the people to an observance of hygienic laws. The aggregated experience and reports of such boards would add greatly to our knowledge of local and epidemic diseases, and their distribution and recurrence throughout our country.

The climate in which we live, the pursuits and temperament of our people, and the terrible rush and enthusiasm which characterize a business life and its efforts in the New World, are in part, at least, responsible for a numerous class of diseases. In many individuals the stomach and the brain are kept in an abnormal state of excitement, almost from childhood. The consequence of this strain is manifested in numerous disturbances, mental and physical, even in persons who appear to be in good health, as well as the recognized invalid. Cases of obscure and complicated disease are believed to be more numerous, proportionally to ordinary sickness with us, than with the people of any other country, and diseases of the nervous system are out of all proportion, more frequently met with among the active business and professional men, and in the well-to-do class of society, than in other countries. This class of cases, with all the producing causes, deserves to be carefully studied, with a view to prevention or cure. There are annually many valuable citizens, and statesmen, and professional men carried off suddenly, whose demise in the prime of life and in the midst of their usefulness is attributable to over-worked brains.

The question of the influence of localities of different elevations upon health is now, more than at any previous period, engaging the attention of the profession.

As population increases in the interior and elevated portions of our country, the number of facts observed bearing on this point will rapidly multiply and be recorded by separate observers, and at many different points. Facts thus accumulated will, from time to time, be digested and results deduced that will largely assist to solve the problem. I desire, also, to recommend that this Association take into consideration the question of the desirability of encouraging the formation of an International Medical Congress. This can be done by uniting and securing the co-operation of the national medical societies of the different sections of the world. The Congress, I would suggest, ought to meet regularly, every five years, or oftener, in some one of the different national capitals. The organization should be composed of delegates eminent in medicine, to be appointed from the several national medical bodies, in the proportion of, say two members from each body, and an additional delegate for every one hundred active members. The purposes of the Congress should be to confer and consider from an international point of view all questions that are promotive of public health, the advance of medical knowledge and the true interests of the profession throughout the world. The present rapid and frequent communication of all civilized countries with each other makes us all akin, and the advancement of science renders this kind of professional intercourse desirable, to the end that frequent and free exchange of all that is known to be new and useful in medicine may be speedily brought to benefit mankind in every clime. The progress of science, the facility of intercommunication, the general and widespread intelligence, the claims of humanity, and the aspirations of the age and of our noble profession, demand the formation and support of some such organization.

Should the measure suggested meet the approval of this Association, the steps proper to be taken to secure co-operation in the proposed organization, and all the details, can be left to a committee.

I suggest that an effort be made to have the first meeting held in Washington City, some time during the summer of 1876, while the American International Exposition is being held in Philadelphia.

Our country has much reason to be grateful to a kind and overruling Providence for the prosperity and general good health that has been vouchsafed to her citizens during the past year. A few cities in the South, however, have been visited by severe epidemics. You will immediately recall afflicted Shreveport and Memphis, where yellow fever of a most malignant type prevailed for over two months, carrying off thousands of valuable citizens.

Note 14.—In Memphis, in 1873, about 2000 died of yellow fever. In Shreveport, the same year, 759 died of yellow fever.

The devotion of physicians to their professional duties in those places furnishes additional evidence of the heroism of medical men, even to the extent of sacrificing their lives in the line of duty.

In Memphis seven physicians fell at their posts.

Note 15.—The physicians dying of yellow fever in Memphis were Drs. Crone, Minor, Kennon, Hatch, Brount, Freeman and Williams.

And at Shreveport four, three of whom were resident physicians; and one, J. A. Richardson, of Jefferson, Texas, who had volunteered his services to these people in their hour of distress.

Note 16.—The physicians who died in Shreveport, of yellow fever, were Drs. John B. Wise, T. P. Hotchkiss, J. L. Hebbette, and J. A. Richardson.

At a most alarming period of the epidemic at Shreveport, in response to a call for professional aid, physicians from New Orleans, sixteen, went there to assist the overburdened and thinned ranks of the profession of that city.

The departments of the national government in which exist an organized medical corps, the army and the navy, need no special mention or encomiums from me. Their well-conducted bureaus, and the highly accomplished personnel of the medical staff corps are the pride of the profession of the whole country. Their works speak more fittingly of their praise than could

any words of mine. The great army pathological museum, and the magnificent medical library which their thoughtful consideration for the profession have created, fully attest their devotion to their high trust and their love for the advancement of medical science.

Within a few years a third medical department, known as the Marine Hospital service, under the immediate direction of the Secretary of the Treasury, has come into existence. It is under the supervision of an able medical officer, and the purpose is to provide hospital accommodations and medical treatment for sick seamen belonging to the merchant marine of the United States. At most of the ports contracts are made with the local hospitals to receive and treat the sailors.

The government owning but ten hospitals, it consequently makes but few medical appointments. The service is, therefore, small, and may, from its importance, be considered in a formative state.

The medical officers of the army have not yet received that consideration and relief from Congress which you recommended at your last meeting. The committee appointed by you drew up a memorial, which was duly presented to Congress; they also called in person upon the members of the Military Committee of the Senate and House of Representatives, and prepared a bill entitled "A bill to increase the efficiency of the medical department of the army," which, if passed, would place the medical staff upon a footing of equality with the other staff corps. This bill was introduced into the House of Representatives January 6, 1874, read twice, and referred to the Military Committee, who have not yet taken any definite action on the subject.

Meanwhile, the action of the American Medical Association and your committee has been heartily indorsed by the general, State and county medical societies, almost every one of which has passed resolutions on behalf of their brethren in the army, and forwarded them to their representatives in Congress.

The medical profession of the United States can never be content that the medical officers of the army shall continue to be treated with less consideration in the matter of rank and pay than the officers of other staff corps, or of the medical corps of the navy, and will never cease their appeals to the representatives of the people until justice is done to this deserving body of medical men. I recommend, therefore, that a larger committee be appointed, to plead their cause anew; that we may, if possible, secure favorable legislation before the present Congress adjourns, or if this prove impracticable, that we may bring the matter to the attention of the next Congress as soon as it convenes.

The systematic observations in meteorology that are being made throughout the country, under the direction of the United States signal office and the Smithsonian Institution, promise, in their results, to be of great value in the study of climatology and the causation of disease. I hope to see that system widely extended and its stations multiplied throughout the whole country.

Electricity justly deserves the careful attention which has recently been given to it by a number of medical observers in our own and other countries.

It is well known that electricity is manifested in different forms, as frictional electricity, galvanic electricity and magneto electricity. Each of these forms has probably different effects on living organisms, and each should receive special attention from the profession.

It has been found that a current of electricity passed from the extremity towards the centre affects the nerves differently from a current passed in the opposite direction. It is hoped the great power this agent is known to exercise over nutrition may be made serviceable in changing or retarding morbid growths, and in reviving lost nervous and muscular strength.

Within the last few years several additions of great therapeutical importance have been made to our *materia medica*, and it is worthy of note that the most valuable of these are not simple substances existing ready formed in nature, but organic compounds which we owe to the patient investigation of modern chemistry, and that their medical uses have not been ascertained by the accidental chances of a blind empiricism, but discovered in the course of exact experiments into the physiological effects of various organic substances, undertaken and carried out with all the precautions and refinements suggested by modern science. As examples of the class of experiments from which such results are to be anticipated, I may refer to those of Dr. H. C. Wood, in our own country; in Europe to those of Richardson and Liebreich.

At each recurring meeting we are painfully reminded by the absence of some one or more gifted members whom we have been accustomed to meet, that death has been thinning our ranks.

On the 8th of February, 1874, Prof. Henry Miller, of Louisville, Kentucky, sank to rest, in his seventy-fourth year.

Note 18.—The combined ages of the twelve presidents of the association now deceased, give an average of seventy-five years, the oldest having reached the age of eighty-six and the youngest dying at the age of fifty-two. The average age of the thirteen now living is nearly sixty-four years, the oldest being seventy-seven, and the youngest forty-eight. From records in my possession I find the average age at which two thousand American physicians died was fifty-eight years. I find also the average age at which one thousand United States Congressmen have died is sixty-two years. The average age at which one thousand and two hundred Presbyterian clergymen of the United States died was fifty-seven years. The latter fact has been furnished by J. M. Wilson, of Washington, D. C. He was president of this association in 1859. At home and abroad he was extensively known as a vigorous thinker and an able writer. For over half a century he enjoyed a large and

responsible practice, and much of his time was a popular teacher.

After the conclusion of the address, Dr. Parvin, of Indiana, moved that the recommendations contained in it, of the President, be referred to the following Committee: White, of New York; J. D. Jackson, of Kentucky; Bartlett, of Wisconsin; Shippen, United States Navy, and Westmoreland, of Georgia. The motion was adopted.

Announcements of papers to be presented to the Association were made and were referred to the appropriate sections.

The Committee of Arrangements announced that every morning delegates would be furnished with a full programme of the day's exercises, including the papers to be read in each section.

On motion the delegates from each State were instructed to meet at half-past eight o'clock on Wednesday morning, to select chairmen for their respective delegations.

JUDICIAL COUNCIL.

The Judicial Council of the Association met at the office of Dr. Brodie at 9 o'clock yesterday morning, and organized by electing Dr. N. S. Davis, of Chicago, as permanent chairman, and Dr. S. N. Benham, of Pittsburg, permanent Secretary. The members present were Drs. Asken, of Delaware; Howard, of Maryland; Gale, of Kentucky; Dunlap, of Ohio; Lilly, of New Jersey; Benham, of Pennsylvania; Morgan, of Washington, D. C.; Bartlett, of Michigan; Todd, of Indiana, and Davis, of Illinois.

The question of a revision of the code of medical ethics came up and was under discussion at the hour of adjournment. The Council will probably report upon the revision of the code at this morning's general session.

SECOND DAY'S SESSIONS.

At 9.30 the meeting was called to order by the President.

REPORTS OF SECTIONS.

Section 5.—Section on hygiene reports progress. The special subject for consideration today is defective drainage as a cause of disease. The papers and portions of papers on the subject, to be read, were by Drs. Kedzie, of Michigan; Stuart, of Minnesota; Bell, of New Hampshire; and Murray, of Key West, with especial reference to consumption. The subject to be presented by Dr. Kedzie.

ELECTION OF MEMBERS.

Dr. F. M. Wilder, of Chicago, Illinois, was elected permanent member. Dr. Charles E. Slocum, of Defiance, Ohio; J. C. Slocum, of Shelby, Indiana; Dr. Nesbit, Sandwich, Ontario; Bell, Amherstburg, Ontario; McCormick, Peche Island, Ontario; Scott, Woodstock, Ontario; McLean, Kingston, Ontario; Moore, London, Ontario; Wm. Caniff, Toronto, Ontario, were elected members by invitation.

REPORT OF JUDICIAL COUNCIL.

Dr. N. S. Davis, of Illinois, chairman of the Judicial Council, then read the following report:—

The undersigned committee, to whom was referred the question of a general revision of the code of ethics of the American Medical Association respectfully report as follows:—Soon after the adjournment of the annual meeting in May, 1873, the chairman of your committee, being desirous of ascertaining how far there existed a desire in the minds of the profession to have the code changed, addressed letters of inquiry to thirty or forty men in different parts of the country who might be supposed to represent the general sentiment of the profession in their respective districts, from twenty-five of whom answers were received. Fourteen expressed an entire approval of the code as it is, and thought it better to attempt no changes. Six were opposed to any general revision, but supported slight changes in some sections, while only five expressed such dissatisfaction as to indicate a desire for thorough revision.

If these correspondents might be regarded as fairly representing the profession, any important changes in the code would be in direct opposition to the wishes of a large majority of those for whose guidance it was framed. Those who have expressed a desire for changes in the present code are readily divided into two classes. The first class appear to look upon a code of ethics in the same light as ordinary by-laws, and, consequently, regard all in the present code relating to the duties of patients to their physicians, of the public to the profession, and of the profession to the public, as superfluous and useless. They would retain nothing except the rules governing the intercourse of physicians with each other, and a very few of this class object to any *written* rules, claiming that the unwritten sense of *honor* belonging to members of an educated profession is sufficient to afford all needed guidance and control. It seems to us that the objections of this whole class are founded on a narrow and imperfect conception of the real nature and objects of an ethical code. The latter, instead of consisting of a set of rules or by-laws simply defining the duties and privileges of members of some organized society, should be a concise and full exposition of the relations sustained by a profession to the rest of the community, the mutual obligations imposed by such relations, and the rules governing members in their intercourse with each other. Hence, a code of ethics for our profession must partake more less of the nature of a moral essay, developing principles for guidance equally applicable to all places and times, instead of a few simple rules applicable to the members of some particular society. It was with this view that Dr. Percival wrote his celebrated essay in the latter part of the last century, and which has been regarded as a standard authority in Europe from that time to the present. The same idea evidently controlled the very able committee

appointed by the preliminary convention in 1846 to report a code of ethics for the profession of this country, and who gave us the admirably concise and well arranged summary of the principles involved by Percival which constitutes our present code.

To strike out, as some have proposed to do, all relating to the duties of patients, the community, and the public toward the profession, would be to destroy the completeness of the work, and obscure the meaning of what was retained. For the members of any given profession cannot rightly appreciate the relations they sustain to each other without considering at the same time their mutual relations and duties to the community in which they live. After a very careful examination we are satisfied that our present code of ethics presents the true ethical relations and duties of the profession in a form as concise, as well arranged, and as complete as it is possible to express them. The principles and rules of conduct enumerated are clearly stated and are equally applicable for the guidance of all who attempt to practice the healing art, whether they are members of any medical organization or not.

The second class, whose members desire alterations in the present code of ethics, do not object to its general scope, but ask for amendments or additions to particular sections only. With only a few and unimportant exceptions, these propositions all relate to two subjects, namely, *specialties* and bestowing professional services by *contract*. Concerning the first of these there seems to be much false reasoning and needless irritation. If *specialists*, or those who limit their practice to some one class of diseases or accidents, are members of the profession, it follows, logically, that they must be governed in all respects by the same ethical principles as the general practitioners: for no enlightened body of men can consistently have one code of morals for one part of its members and another code for the rest. Whatever may be regarded as derogatory to the dignity and welfare of the general practitioner must be equally so to the specialist so long as he is recognized as a member of the profession. If the one may not issue cards, handbills, etc., calling the attention of those laboring under particular diseases to themselves, neither can the other, without violating the principles of both justice and equality.

Then the code of ethics very properly makes no mention of specialties or specialists, but presents plainly the rules necessary for the maintenance of professional character as applicable to all. But we are asked how, then, can those who wish to pursue a special practice make known their position to their brethren and the public? We answer that the title of Doctor of Medicine covers the whole field of practice, and whoever is entitled to that appellation has the right to occupy the *whole* or any part of the field, as he pleases. The acceptance of this honorable title is presumptive evidence to the community that the man accepting it is ready to attend practically to any and all duties which it implies. As all special practice is simply a self-imposed limitation of the duties implied in the general title of doctor, it should be indicated, not by special or qualifying titles, such as *oculist*, *gynæcologist*, etc., nor by any positive setting forth of special qualifications, but by a simple, honest notice appended to the ordinary card of the general practitioner, saying, "Practice limited to diseases of the eye and ear," or "to diseases peculiar to women," or "to midwifery exclusively," as the case may be. Such a simple notice of limitation, if truthfully made, would involve no other principle than the notice of the general practitioner that he limits his attention to professional business within certain hours of the day. Neither could it be regarded as a claim to special or superior qualifications. To give the specialist any privilege beyond this would be to invest him with a special privilege inconsistent with the equality of rights and duties pertaining to the whole profession. We see no reason, therefore, for recommending any change in the present code of ethics in reference to this subject.

The remaining topic, concerning the bestowal of professional services under specific *contracts* specifying the amount of pecuniary compensation, is of sufficient importance to require careful attention.

The present code of ethics, while sanctioning a most liberal bestowal of gratuitous professional service to the poor, whether as individuals or in public charitable institutions, and in aid of the sanitary interests of the communities, yet expressly prohibits the bestowal of such services on well-to-do individuals, endowed, mutual benefit, or any kind of money-making institutions, societies or corporations. It also expressly prohibits all attempts to attract attention and make merchandise of charity by ostentatiously parading before the public notices proffering services and medicine to the "poor gratis." We see no reason why this is not sufficient so far as relates to the regulation of gratuitous services. To govern the matter of compensation, the code simply gives us the following general declaration: "Some general rules should be adopted by the *faculty*, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit." The aim appears to have been to allow sufficient variations in the rate of compensation to accommodate the varying habits and circumstances of different communities, and yet to bind each individual to an honorable compliance with the general rules established by his professional brethren. Such being the correct ethical principle, the difficulty consists in tracing and maintaining clearly its practical application. That the principle laid down in the paragraph just quoted is inconsistent with all contracts or agreements to attend individuals, families, companies, corporations, or any associations or institutions

other than those of a strictly charitable character, for a specified sum per month or year, without regard to the amount of medical services that might be required in the time specified, no one can reasonably doubt. It seems to us equally inconsistent with the ethical rule to enter into a contract with a manufacturing company to attend their employès, or with a school to attend its patrons or scholars, for a fixed sum per annum, to be derived from the levy of a certain per centage on the wages of the employès or on the tuition fees of the students; for however plausible may be the humanitarian idea of securing for the employè and the student adequate medical attendance when sick at the smallest average cost, the practical working of the system violates both the rule that compensation for medical services should be in accordance with the kind and amount of services rendered, and that every individual and family should be free to choose their own medical attendant without dictation or indirect restraint.

These observations do not apply to a certain kind of contract service sometimes required in connection with the medical staffs of the army and navy, nor to the hospital tax on sailors in the marine hospital system, for reasons too obvious to require mention. One other subject requires a few moments' attention. There is a class of public charitable institutions, such as county almshouses, orphan asylums, etc., supported by public taxation. In many of the States the public authorities having control of such institutions have annually asked for bids from the profession, offering to award the contract for professional services to the one who should bid for the lowest pecuniary consideration.

While, as charitable institutions, any member of the profession might offer his services to such of the poor inmates as might ask for them gratuitously, yet the idea of asking members of the profession to bid against each other for the pay for public professional services is repugnant to every feeling of professional honor, and often productive of great injustice to the sick poor.

The public authorities in all such cases should fix such just rate of compensation for the necessary medical services as they may deem best, and then appoint the best medical man who is willing to accept the compensation proposed. And we have no doubt but that a proper attention to this subject on the part of the profession would secure the necessary change.

It is, however, very desirable to so manage all our pecuniary relations with the public, and especially with municipal and legislative authorities, that we avoid creating the impression on the public mind that the profession and its social organizations are little better than mere trades-unions, having for their chief object mutual pecuniary protection. After carefully reviewing the whole subject, your committee do not recommend any alteration in the present code of ethics. On the contrary, we desire to express the opinion that if every medical school and society would supply each graduate as he left the school and each member initiated into the society with a printed copy of the code, accompanied with the injunction that it be carefully studied, it would be productive of much good, directly to the profession and indirectly to the community. N. S. Davis.

Detroit, June 3d, 1874.

DEBATE ON REPORT.

Dr. Vandeman, of Tennessee, moved the adoption of the report.

Dr. Quimby, of New Jersey, asked if police surgeons and city physicians came under the head of the objection.

Dr. Davis answered in the affirmative.

The resolution was adopted unanimously.

AMENDMENTS TO THE PLAN OF ORGANIZATION.

The following amendments to the plan of organization, proposed at the last session of the association, were read by Dr. Davis, of Illinois, to be acted upon:—

By Dr. N. S. Davis, Illinois.

Strike out the second paragraph of Article II, and insert the following:—

"The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by representation in their respective State Societies, and from the medical department of the army and navy of the United States."

Also, strike out the fourth paragraph of same article and insert:—

"Each State, County and District Medical Society, entitled to representation, shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number.

"The medical staffs of the army and navy shall be entitled to four delegates each."

By Dr. P. Pineo, of Massachusetts:—

Art. II, second paragraph, after "Army and Navy," insert "and the Marine Hospital Service of the United States."

By-laws, section 6, after "the chiefs of the bureaus of the army and navy," insert "and the supervising surgeon of the United States Marine Hospital Service."

By Dr. E. L. Howard, of Maryland:—

Art. IV. Strike out second clause of first paragraph, and insert:—

"They shall be nominated by the Judicial Council, and shall be elected by vote on a general ticket."

By Dr. A. S. Maxwell, of Iowa:—

"*Resolved*, That in view of the many and important duties imposed upon the nominating Committee, the Medical Society of each State and Territory that elects delegates be requested, when selecting delegates, to nominate one member of such delegation as their member of the nominating committee, and also designate the mode of filling vacancies."

By Dr. A. M. Pollock, of Pennsylvania:—

Art. VI. First paragraph, strike out the word "five" and insert "ten."

By-laws, Art. 5, first paragraph, strike out "five" and insert "ten."

FIRST PROPOSED AMENDMENT.

Dr. Rayburn, of the District of Columbia, asked if it was intended by the first amendment to exclude Territorial representation.

Dr. Davis said that when this Association was formed there were but few local organizations, and but few existed for the first few years, and, therefore, to make the Association a success, the basis of representation was made broad. Now the Association has grown in strength, and abuses have crept in. It has now been thought best to avoid endless discussions here. It has been found that now an endless variety of institutions are represented, some of them utterly irresponsible; consequently, there has been a loud outcry for a stricter basis of representation; and therefore we wish to recognize none but representatives of organized State, Territorial, district and county societies, and local societies which are recognized in their respective State organizations.

Dr. Woodward asked how this would work where there were more than one worthy society in one place.

Dr. Davis said all local societies recognized by their own State organizations could be admitted.

Dr. Busey, of Washington, asked how they could limit representation in this way, when reputable local societies could be multiplied in all large cities, and offered the addition of the following proviso:—

Provided, however, that the number of delegates from any particular State, Territory, county, city, or town, shall not exceed the ratio of one in ten of the resident physicians who may have signed the code of ethics of this Association.

Dr. Davis approved of and seconded the adoption of the proviso, but he thought there was no such danger as the gentleman apprehended.

Dr. Woodward, of the army, said that in the district of Columbia the representation could be unlimited.

Dr. Busey said that now this had been brought down to one in ten.

Dr. Quimby, of New Jersey, opposed making the representation too limited.

Dr. Lilley, of New Jersey, said that all trouble had come from local organizations and men not recognized by the State organizations. He instanced the system in his State, and said he was directed to urge the passage of the amendment.

The proviso was adopted.

The report and resolution were adopted by a large majority

REPORT ON MEMORIAL TO CONGRESS.

Dr. Keller, chairman of the Committe on Rank of the Medical Staff of the army, read the following report:—

Your committee have the honor to report that immediately after the adjournment of the St. Louis meeting they took steps to ascertain the status of the medical staff of the army under existing laws, and conferred with a number of the medical officers as to the best method of securing for them that equality with the other staff corps, in the matter of rank, which it is undoubtedly just and right that they should enjoy.

Your committee then drew up a memorial to Congress, setting forth the facts of the case, and presenting the draft of a bill which, if it should become a law, would afford the relief asked by the medical corps, without injury to any other branch of the public service. This memorial was printed, and copies forwarded to each member of the American Medical Association, and to the various State and county medical societies, with a letter requesting their coöperation.

In response to this appeal the several local societies have passed resolutions indorsing the action of the American Medical Association and of your committee, and asking favorable legislation by Congress. These resolutions have been forwarded to the respective Senators and Representatives.

Shortly after the commencement of the present session of Congress your committee waited upon the military committees of the Senate and House of Representatives, presented the memorial, and urged the adoption of the bill by which it was accompanied. The bill was accordingly introduced into the House of Representatives, January 6, 1874, read twice and referred to the Military Committee, by whom, we regret to say, no action has as yet been taken on it.

Notwithstanding this failure to secure prompt legislation by Congress in behalf of our brethren in the army, your committee are of opinion that by continued exertion our object can probably be attained during the next session of that body. The present session has, as it happens, been an unfortunate one for urging the claims of the medical staff. In consequence of the financial panic of last fall the utmost economy in all administrative matters has been attempted, and at the time your committee presented its memorial to Congress a very considerable reduction in the army had been proposed and was under consideration. So far as your committee can judge it is now very improbable that any such reduction will be made, but the fact that it has been under consideration was no doubt the chief reason why the bill introduced January 6th has not yet been acted upon. We therefore recommend the appointment of a new committee, to memorialize Congress at its next session, and think it desirable that it should be composed of one member from each State, as provided in the following preamble and resolutions, the adoption of which are respectfully recommended:—

Whereas, We have learned with regret that Congress has not as yet acted favorably on our memorial in behalf of the medical corps of the army; and whereas, it is, in our opinion, just and right that the rank of the medical officers of

the army should be fully equal to that of the officers of the other staff corps, or of the medical corps of the navy, which we are informed is not the case under existing laws; therefore,

Resolved, That a committee of one from each State and Territory be appointed by the president, for the purpose of memorializing Congress on this subject, and of securing the co-operation of the several State and county medical societies for the same purpose.

J. M. Keller,
Chairman of Committee, Kentucky.
John A. Murphy, Ohio.
N. S. Davis, Chicago, Ill.
H. F. Askew, Wilmington, Del.
J. M. Toner, Washington, City.

Surgeon Woodward, of the army, on behalf of the medical department of the United States army, thanked the committee for the report, and concurred with the views expressed in regard to the effect of the panic upon the action. He explained the action of the present law upon the rank of army medical officers.

He therefore offered the following amendments to the resolutions. After the word "territory" insert the words "with power to fill vacancies," omit the words "by the president," and add the following:—

Resolved, That Dr. J. M. Toner, of the District of Columbia, be chairman of said committee, and that the other members of the committee be appointed by the president.

Unanimously adopted.

SECOND PROPOSED AMENDMENT.

Dr. Atkinson moved that this be so worded as to limit the marine department to one representative.

Dr. Busey objected, on the ground that an irregular practitioner might be appointed.

Dr. Davis thought there was too much political influence in the Marine Hospital Service to admit of its recognition, and moved that the amendment be laid upon the table indefinitely. Carried unanimously.

THIRD PROPOSED AMENDMENT.

On motion of Dr. Rayburn this was laid upon the table without debate.

FOURTH PROPOSED AMENDMENT.

This was opposed by Dr. Keller, and on his motion was tabled, amid loud applause.

FIFTH PROPOSED AMENDMENT.

On motion of Dr. Atkinson this was laid on the table without debate.

ANNUAL ADDRESS ON PRACTICAL MEDICINE.

Dr. N. S. Davis, President of the Section of Practical Medicine, Materia Medica and Physiology, read the following address:—

Members of the Association:—By an amendment of the constitution of this national organization, adopted at the annual meeting in 1873, it becomes my duty, on the present occasion, to report to you "the more important advances and discoveries of the past year" in the Department of Practical Medicine, Materia Medica and Physiology.

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MATERIA MEDICA.

The past year has not been made notable by the discovery of any new and valuable article of the Materia Medica, or by new applications of old remedies of such importance as to be worthy of special mention. What we most need, however, in this department, is not the addition of new articles or new applications of old ones, but a more complete knowledge of the composition and properties, with a more exact appreciation of the *modus operandi*, of such as are already on the officinal list. The progress of organic and analytical chemistry, and their application to the investigation of the composition and properties of medicinal agents, is constantly separating out the active principles, and presenting them for use in more convenient and reliable forms, but most of our methods of testing the effects of medicines on the various functions of the human body are extremely defective. So true is this that the most diverse opinions still exist concerning the action of many of the oldest and most frequently used articles of the Materia Medica. And not a few of them, like opium, quinine, alcohol, are commonly regarded as capable of exerting directly opposite effects by simply altering the dose. That is, we are told that in small doses they are stimulant or tonic, and in large doses sedative or narcotic, but at what point in the progress of increasing the dose the action becomes reversed, no one appears able to point out with exactness. Perhaps in no other department of medicine do we find opinions and conclusions derived from investigations so partial or incomplete, and the adherence to names and classifications involve so much confusion. It is to this condition of our Materia Medica that we owe many of those apparently contradictory modes of practice, which have done so much either to create skepticism both in and out of the profession, or to fasten the theory that the type and character of diseases change with the cycles of time. The idea that the special type and character of diseases have undergone marked changes, and are far less active or sthenic now than in the earlier part of the present century, has become very general, both in and out of the profession. And this is alleged as a reason for the change in practice from depletion and antiphlogistics to nourishment and so-called stimulants. But if we analyze more closely the development of opinions and modes of thought, as presented in the medical literature of the last half century, we shall be forced to the acknowledgment that the idea of change in the character of diseases has followed rather than preceded the changes in the modes of practice, and that it really has no other appreciable facts on which to rest. In other words, it will be found to have been a simple theoretic idea, suggested to avoid the difficulty

and skepticism arising from such various and apparently contradictory modes of practice.

We say *apparently contradictory*, for it is not certain that a more careful review of the *modus operandi* of the remedial agents used would not show the most diverse in appearance to have really reached the same end by different routes. For example, on the assumption of the chronic physiologists that alcohol is respiratory food, acting as a stimulant to the organic functions and sustaining the temperature of the body, nothing could appear more opposite than to treat one case of fever or acute disease with arterial sedatives, evacuants and alteratives, and another case of the same disease with alcoholic liquids and nourishment. But when we turn from the theoretical assumption to the results of positive experimentation, we find the ingestion of alcohol to be followed by a reduction of temperature, a retarding of capillary circulation and molecular change, and a diminution of nerve sensibility. In other words, we find the *assumed* stimulant to be a positive and universal *sedative* to organic and molecular changes and anæsthetic to nerve sensibility.

Hence the practitioner who plies his patient freely with wine, whiskey or brandy, is as certainly holding him under the influence of a powerful sedative as was his ancestor who bled and physicked, or his cotemporary who gave veratrum and alteratives; and we need resort to no supposible change in the type of disease to understand why all, if wielding their weapons with equal skill, arrive at very similar results. As already intimated, there is no other department of medicine that so urgently needs a thoroughly critical and experimental revision as our Materia Medica. The work should be carefully planned and persistently pursued until the erroneous phraseology is corrected, and the mass of speculations and mere assumptions are replaced with positively observed facts.

PRACTICAL MEDICINE.

In the department of practical medicine, as in the case of Materia Medica, the past year has revealed no striking discoveries, either in regard to the nature of sickness or the method of treatment; yet it has been characterized by a genuine progress that is worthy of careful study.

History is said to be ever repeating itself. The human mind is ever tending to extreme views in all departments of study, and to hasty generalization from facts insufficient in number and imperfectly observed. And in no department of literature and science are these tendencies more strikingly illustrated than in the history of practical medicine.

The pendulum of professional opinion and practice has swung from one extreme to another with almost as much regularity and certainty as if moved by the force of gravity. During the first half of the present century professional practice had reached the extreme of depletion and evacuants, when, checked by its own abuses, the return wave carried us, in the short space of three decades, first to conservatism or expectancy, and then to full stuffing and so-called stimulation, until wine, brandy, and indiscriminate nourishment were made the instruments of abuses no less injurious to the human family than blood-letting and evacuants in their palmiest days. This last swing of the professional pendulum has just reached its widest divergence from the perpendicular, and one of the most gratifying evidences of progress in practical medicine the past year consists in the plain indication to be seen in various quarters that the pendulum has fairly commenced its return motion. The constantly increasing importance attached to fresh air, pure water and frequent ablutions in the sick room; the more careful adjustment of the quantity and quality of food to the capacity of the digestive organs for acting on it; the rapidly increasing condemnation of the indiscriminate use of alcoholic and other anæsthetic and narcotic agents; the occasional unsheathing of the long neglected lancet, with here and there a bold, outspoken advocacy of its judicious use; and, above all, the better appreciation of the fact that a retardation of tissue metamorphosis and elimination is by no means equivalent to assimilation and nutrition, either in health or disease, and are marks of a genuine progress that can be easily recognized in the literature of practical medicine during the past year. And happy would it be, both for the profession and the public, if the return wave of thought, investigation and practice, now fairly begun, could be so guided by a higher mental discipline, the adoption of more patient and complete methods of observation, and the adherence to a more rational induction, as to turn it steadily upward at the true meridian line, instead of allowing it to roll steadily on until it again breaks upon the reefs and shoals of its own excesses. But we see no good reason for hoping for such a result. On the contrary, evidences of the same tendency to extremes and hasty generalizations are as visible in the field of practice to-day, as at any former period. Very recently attention was directed anew to the importance of noting the variations of temperature in disease, and straightway there appear diagrams marking the variations of temperature in the progress of diseases with as much apparent fixedness and certainty as the thermometric lines are drawn over the topographical map of a continent, and the practitioner looks upon his pocket thermometer as his chief instrument in diagnosis and prognosis. That *temperature*, if studied in close, careful connection with the co-existing indications of the state of mutual disintegration and elimination, is of great importance in a chemical aspect, is certainly true. As a rule, those processes by which new material is digested, assimilated and added to the tissues evolves caloric or heat, while those by which the cells and atoms of the tissues are re-dissolved and eliminated through the skin, lungs and kidneys, absorb or render the sensible heat latent, and therefore reduce the temperature.

When these adverse processes balance each

other the ordinary standard of temperature is maintained, subject to such daily variations as accompany the active stages of digestion. Thence it is plain that a given degree of temperature in any stage of disease is a simple physical fact, the correct interpretation of which will depend entirely on the careful noting of the coincident state of the processes of injection and elimination. Just as the dullness elicited by percussion denotes the simple physical fact of increased density, while the question whether such density depends upon tubercular deposits, hepatization, or pleuritic effusion, will depend altogether upon the history of the case and the coincident facts. If we use our clinical thermometer for the same purpose that we use the instruments for percussion and auscultation, that is, for the establishment of a physical fact to be interpreted by a careful appreciation of preceding and accompanying phenomena, it will be of great value. But if we endeavor to make its markings into arbitrary rules to guide our practice, as has already been too hastily atttempted, it will lead us into mischievous errors at every step. Another striking exemplification of the fact that our own day is as prolific of partial observations and hasty inferences as any that have gone by, is found in the application of the microscope to the study of etiology and pathology. Through its prolific relations one army after another of poisonous germs are found preying upon the human race, until not only the air, earth and water, but even the blood and the bowels literally swarm with them. From syphilis to cholera, and from throat to cancer, we have little else than microscopic *germs* enumerated as essential causes of disease. Dr. A., in some part of Europe, announces that he has discovered in the dejections of cholera patients certain germs which, by diligent cultivation, multiply and develop rapidly, and a large part of the medical world at once leaps to the conclusion that these are the veritable causes of that dire disease, and instead of patiently extending observations to ascertain whether the same germs are not to be found in the serous discharges from mucous surfaces in any form of disease, after exposure to atmospheric air, they immediately give loose rein to imagination for the purpose of explaining how these extraordinary germs, hatched on the banks of the Ganges, could be propagated and distributed around the globe.

ADDRESS BY DR. GROSS.

L. D. Gross, M. D., LL.D., D. C. L., Oxon, delivered a learned and deeply interesting address upon syphilis.

Dr. J. M. Keller, of Kentucky, invited the Association to hold its next meeting in Louisville.

THIRD DAY'S SESSIONS.

The association was called to order for the third day's sessions at half-past nine o'clock.

COMPLIMENTARY MEMBERSHIPS.

Dr. Grant, of Ottowa, and Dr. Murphy, of Chatham, were elected members of the association by invitation.

REPORT ON THE PRESIDENT'S ADDRESS.

The committee on President's Address presented the following, which was read and accepted:—

Your committee, to whom was referred the recommendations and suggestions contained in the president's address, would respectfully report as follows:—

We are fully in accord with the president concerning the propriety and desirability of establishing at some central position a physiological and pathological laboratory.

In view of the growing sense of the importance of carefully recorded facts and observations we are fully impressed with the desirability of the publication of annual reports of the progress and discoveries of all chartered medical and sanitary institutions.

We also recognize the importance of concerted action on the part of the profession, and agree with the president in urging the formation of a complete system of State and local medical societies.

We would also recommend an extension of time of the session one day, making the length of the session four days. This is done in view of the fact that although the arrangement of the sections under the present circumstances is admirable they occupy more than half of the time of the meeting, causing a lack of time for the proper and deliberate consideration of legislative matters. When, in connection with this, there is taken into consideration the fact that the over-generous hospitality of those who entertain the association is apt to occupy much time, it will be seen that the time for the discussion of the papers is wholly inadequate.

We also look with much favor upon the president's recommendation of the organization of an International Medical Congress, and would move the adoption of the following:—

Resolved, That in view of the lack of time in which to properly transact the business of the association an extension of one day is deemed advisable.

Resolved, That the president appoint a committee of five, of which he shall be chairman, to elaborate a plan for the organization of an International Medical Congress, and report at the next meeting.

Your committee had also prepared a resolution in regard to memorializing Congress concerning the rank of the medical staff corps of the army, but find that they are anticipated by Dr. Keller; they would, therefore, simply recommend on the part of the members of this association continuous personal application to the Representatives in Congress from their several districts in regard to this important subject:—

James P. White,
John D Jackson,
J. K. Bartlett,
Edward Shippen,
J. W. Westmoreland.

OBITUARY.

Dr. Jas. P. White, of Buffalo, stated that he had received a note from Dr. S. D. Gross, who had been called away by a telegram, informing him of the dangerous illness of a member of his family, and that before leaving he wished to announce the death of Dr. Henry Miller, of Louisville, an ex-President of this Association, and for many years Professor of Midwifery in the University of Louisville, and afterward of the Diseases of Women in the Louisville Medical College.

Dr. Kellar, of Louisville, announced that he had been requested by the society of Boyle county, Kentucky, to bring before the Association the following resolutions adopted by that Society in reference to

THE LATE DR. EPHRAIM M'DOWELL.

Resolved, That, in the opinion of this Society, the time has come in which an effort should be made to erect a statue or some other suitable memorial in honor of Dr. Ephraim McDowell, "the father of ovariotomy, who lived and died in our midst, and who performed his first operation for ovarian tumor here in Danville, in 1809.

That with this view a Committee of three be appointed from this Society to attend the approaching meeting of the Kentucky State Medical Society, who shall be empowered to lay the matter before the profession constituting that organization, requesting their aid in devising and executing such measures as may be deemed most conducive to the end in view.

Dr. Kellar, after reading the foregoing, offered the following preamble and resolutions:—

Whereas, A most laudable effort has recently originated in the Boyle County Medical Society, of the State of Kentucky, and in the Kentucky State Medical Society, to create a fund for the erecting of a statue or some other suitable memorial in honor of Dr. Ephraim McDowell, "the father of ovariotomy," English writers to the contrary notwithstanding, who lived in the town of Danville, in the State of Kentucky, and who performed in that town the first ovariotomy, in the year 1809,

Resolved, That the American Medical Association most earnestly indorse the action of said county and State societies, and as urgently commend the object to the generous consideration of the medical profession of the world.

After discussion the resolutions were adopted.

(To be Continued.)

MEDICAL SOCIETY OF HARFORD CO., MD.

A regular meeting of the Medical Society of Harford county was held at Bel Air, May 12. The president, Dr. S. B. Silver, presided.

Dr. W. Stump Forwood proposed several amendments to the constitution of the Society, which, under the rule, were laid over for the action of the next meeting.

Dr. Virdin tendered his resignation of the Secretaryship, which was accepted, whereupon he nominated Dr. Forwood as his successor. Dr. Forwood received the unanimous vote of the meeting.

The period for which the President was elected having expired by limitation, Dr. R. D. Lee was nominated, and, without division, elected President for the ensuing year. By unanimous vote Dr. Lee was also continued as Treasurer. Dr. W. W. Virdin was elected Vice President. Drs. Finney, Magraw, and Scott were elected delegates to represent the Society in the American Medical Association, at its next meeting. Dr. Virdin reported a highly interesting case of gunshot wound, of recent occurrence; still under treatment and involving legal investigations; the result to be given at the next meeting.

The Society adjourned to meet at Churchville, on the second Tuesday in November.

W. STUMP FORWOOD, Secretary.

EDITORIAL DEPARTMENT.

~~PERISCOPE~~.

On Fracture of the Base of the Skull.

Mr. Foster, of Guy's Hospital, in a clinic reported in the London *Medical Times and Gazette*, discusses the question of the respective value of the symptoms usually considered characteristic of fracture of the base of the skull. They may, Mr. Foster thinks, be placed thus in their order of relative importance:—Escape of clear fluid from the ear; subjunctival ecchymosis, if the fracture be in the orbital plate of the frontal bone; greater or less disturbance of the mental functions, generally on the side of diminution rather than excess of function; pressure symptoms, such as paralysis; bleeding from the ear; deafness.

Of these, only the first is unfailing. If there is no mistake about it, the diagnosis is certain; but care should be taken that a serous fluid is not called cerebro-spinal.

The value of any one of the others will vary according as it is very marked or is associated with one or all of the remaining symptoms.

Considering the question of fatality in fractures of the base of the cranium, it is said:—A patient having all of a set of symptoms will die, one with less will get well; and between these extremes there is no mean. There is no

peculiarity about the nature of the fracture; but the patients die in nine cases out of ten, firstly, because the brain is so bruised that it is incapable of keeping up the requisite functions; secondly, because inflammation extends to the membranes of the brain. It is probably quite possible to fracture the skull without injuring the brain, provided no great amount of concussion be imparted to that organ by the injury, just as a steam-hammer will crush a nut without injuring the kernel. Thus, the skull being alone fractured, we might expect bleeding from the ear, and even cerebro-spinal fluid, without any brain symptoms, at any rate during the early days following the injury. If, after fracture of the cranial bones, much new bone for repair was formed, secondary dangers from surface inflammation, and surface irritation might follow; but the fact is, hardly any new bone is produced in the skull, except a slight surface bony casing along the line of fracture, and a bone cement between the two adjacent fracture-edges. If, then, we get a fracture of the base without brain-bruising, we may reasonably expect such a case to get well with no further symptoms. It is quite possible that a certain proportion of cases of hemorrhage from the ear are of this kind.

In the treatment of these cases of fracture of the base, we ought to bear in mind the length of time the skull takes for the repair of its fractures; thus in one case there was evidence of union at one spot only, ninety-one days after a severe fracture of the base of the skull. This should lead us to be slow in departing from the low-diet treatment which should always be prescribed in such cases; and we ought to be very careful to forbid much exercise for some time after the patients are apparently quite well.

(Med & Surg. Reporter Phila.)

Reviews and Book Notices.

BOOK NOTICES.

Observations on the Pathology and Treatment of Cholera, the result of forty years' experience. By John Murray, M. D., Inspector General of Hospitals, late of Bengal. New York, G. P. Putnam's Sons, 1874. 1 vol., 12mo, pp. 58, cloth. Price $1.00.

Dr. Murray's name has been familiar for years to students of cholera, and his views have been reprinted on several occasions in this journal. In our opinion his plan of treatment is eminently judicious, and we should prefer it to any other one we know, were we called upon to face an epidemic. Without going to any extreme, it partakes of several plans, and is thoroughly practical, based not on physiological theories, but on a wide-reaching clinical experience.

Annual Report of the Board of St. Louis Public Schools. 1872–3. 1 vol., pp. 191. ccxliii. St. Louis. 1874.

We particularly recommend this report of the learned Superintendent of Public Schools in St. Louis, Prof. Wm. T. Harris, on account of the articles, pp. 105, 120, on the co-education of the sexes, and the course of study for girls, as determined by their future vocation. Prof. Harris is strongly in favor of the co-education of the sexes, and not much a believer in the inferiority of the female sex. His experience in this matter is real, and there is not an educator in the land whose opinions merit more ready recognition. Although most physicians disagree with him, there are many who support him; as witness one who, in a letter to the British *Medical Journal*, lately, says: "There is no good and much harm in allowing, by implication, the theory to pass muster, under a physiological guise, that frivolity is a way to health, or that the fading inanities of female education have a sound hygienic basis. It is, I can say from experience, quite possible to educate boys and girls side by side, and to see the latter far outstrip the former in their acquirements, without sacrificing a grain of physical strength, a minute of physical health, or a shade of feminine grace and delicacy.

"Sex in education will declare itself, and find its own expression. The warning is good: the deduction that education must be kept to a low standard, because of any peculiarity of sex, is a libel on Nature, and treason to its highest laws."

Half-hour Recreations in Popular Science. Coal as a Reservoir of Power. By Robert Hunt, F. R. S. Atoms. By Professor Clifford, M. A. Price 25 cents.

Half-hour Recreations in Natural History. Relations of Insects to Man. By A. S. Packard, Jr. Price 25 cents. Boston, Estes & Lauriat, 143 Washington street.

These contributions to the popular Half-hour Series are fully equal to any of their predecessors. The last mentioned has an especial interest for medical readers, as it gives the natural history of the bedbug, scorpion, wasp, etc.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 20, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

OUR MEDICAL SERIALS.

Our serial publications are the weekly MEDICAL AND SURGICAL REPORTER; the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, published each January and July, constituting a *supplement* to the REPORTER, not repeating any article contained in the latter, and giving a carefully condensed view of the progress of all branches of medical science throughout the world each six months; and the PHYSICIAN'S POCKET RECORD AND VISITING LIST, published annually.

The terms of these are as follows, payable in advance.

Med. and Surg. Reporter (weekly), a year,	$5.00
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Dr. D. G. BRINTON has entire charge of both the business and editorial management of these publications. All communications should be forwarded to him, and all drafts, checks, post-office orders, etc., made payable to his order, at the following address:—

OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

THE AMERICAN MEDICAL ASSOCIATION.

Our number this week is chiefly taken up with the proceedings of the American Medical Association, at its twenty-fifth annual meeting.

During the quarter of a century of life which it now completes, probably no meeting has been more harmonious, well attended, and beneficial to the profession and the country. The unpleasant discussions of partisan views which have occurred on some previous occasions were wholly absent; and the earnest attention given by officers and members to the great questions of sanitary reform is a most hopeful augury of a near and brilliant future of medical legislation.

For the first time in the history of this country there promises to be what may be called unanimity of action and influence in this direction. And the excellent consequences thereof will not be long in disclosing themselves.

While the hospitable citizens of Detroit provided all the recreations for their visitors which these required or could have asked, not too much time was wasted in merely social reunions. The meeting meant business and transacted it.

In the sections, an unusual amount of sterling scientific work was performed, whose results will appear more fully in the *Transactions* when they shall be published. From now on, we confidently expect the Association to increase in strength, harmony and membership each year, and to render its second quarter of a century one of unabated prosperity.

NOTES AND COMMENTS.

Therapeutic Notes.

REDUCTION OF HIP-JOINT DISLOCATION BY MANIPULATION.

Dr. Newett, of Belfast, cites a case in the Dublin *Journal of Medicine*. The usual symptoms of that accident were well marked. Reduction was effected by grasping the ankle firmly and flexing the leg upon the thigh, and then carrying the thigh upward toward the abdomen, and on rotating the limb outward it slipped into its place with the greatest ease. The simplicity and facility of this plan of re-

ducting these hitherto troublesome dislocations, and its advantage in this case, were so striking as to induce him to bring it under the notice of the profession.

ELASTIC LIGATURE IN PHYMOSIS.

Dr. Asa Horer writes to the *Clinic* of his method in two cases of phymosis.

A strip of thin rubber, one and a quarter inch wide, was firmly applied along the whole length of the penis, except the glans; the rubber narrowing itself by extension to one-third of an inch at each turn. The end was secured by a small elastic ring.

The operation was performed entirely bloodless, except the emptying of the veins unsevered.

Both cases made a speedy recovery. The compression was kept on about twenty minutes.

A Useful Dentrifice.

Dr. D. H. L. Hogg, of Texas, writes us that he has found liquor calcis, water of lime, very useful as a mouth wash. It improves the gums and prevents the toothache. He has used it in private practice and personally.

Experimental Versus "Rational" Therapeutics.

The Introductory lecture on Therapeutics, at Guy's Hospital, this spring, was delivered by Dr. W. Maxon. In the course of it he indulges in a sly hit at the "rational" therapeutists, who must first know all about the physiological action of a drug, and the pathology of a disease. The lecturer remarks:—

"This is a noble study. It is good for society, rather than for individuals. It lights up the darkness where opathies fungate. It is communicable, and will endure the full light of inquiry; it grows in society, in the Pathological Society, for instance. I say, it is the noblest branch of medical science. It is noble enough not to fear the truth. And this is the truth, that it is not of much good for healing the sick; I mean, for the individual doctor healing the individual patient, for the direct service of the one in serving the other. Suppose old Hippocrates woke up and went to the Pathological Society. I can think what he might say, with some force. He might say, 'All this is very interesting; it goes beyond my time in its way. I used to think a little in the same direction. But in all this you are but showing the truth of what then kept me from carrying the matter further, that it does not help you with synocha and pneumonia. I advise you to watch what management and medicine are good, as we did in the old Asclepias by the sea.'

"However ill it may sound, you must bear to be told not to be too scientific. And this is why. Because you will have to deal more with the unknown than with the known. And science is extremely bad at dealing with the unknown. Science teaches you to walk firmly on solid ground, with contemplative front and eye sublime, etc. But therapeutics require you to swim or fly, as it were.

Correspondence.

Delivery of the Placenta by Supra-Pubic Expression.

Ed. Med. and Surg. Reporter:—

I shall not undertake to reply to the ingenious arguments advanced by my esteemed friend, Dr. Hiram Corson, against Crede's method of placental delivery. My reasons are, that his objections are plainly theoretical; and that, in the same number of your journal in which his contribution is published, there appears a note from one of our leading Philadelphia obstetricians, who, so far from finding fault with this method, takes me to task for giving the credit of it to a foreigner. To my thinking, Dr. Stewart's practical approval more than counterbalances Dr. Corson's theoretical disapproval.

My object, however, in writing this note is twofold:—Firstly, to ask your subscribers to read *tonic* for the misprint "*torsic*" in my previous communication on this subject. Secondly, to correct an error into which Dr. Corson appears to have fallen. This error is attributable partly, I fear, to a lack of clearness in my description of this method, and partly to his failure to read me correctly. For, although he professes to quote me, as he says, "word for word," he has overlooked the little but important indefinite article "*a*" in the sentence which, as I wrote it, but not as he quotes it, reads: "It is then, at the maximum of *a* uterine contraction, to be both forcibly squeezed and at the same time pressed downward and backward." This misapprehension has led him to base some of his strongest arguments on the assumption that I advise, after the removal of the child, an immediate resort to uterine expression, regardless of the condition of the womb, whether contracted or relaxed. Now, so far from advocating such a practice, I expressly state that the womb is to be squeezed "at the maximum of *a* uterine contraction"—in other words, at the height of a so-called after-pain. I intended, further, to convey the idea, perhaps too much by implication, that, in case of failure, the physician is to discontinue his efforts as soon as the womb begins to relax,

but is to resume them at the height of a second or even a third uterine contraction.

In these days of over-tasked brains, tight-lacing, heavy skirts, incomplete coitions and criminal abortions, very few women reach that typical standard of health which nature intends for them. The term "meddlesome midwifery" is, therefore, a relative one, and one not easily defined. Since "proverbs are always one-sided," it has done much harm. As the watchword of every opposer of such improvements in the art of obstetrics as the forceps, the vectis, anæsthetics, etc., it has forced many a poor woman to ejaculate with a heart-felt double significance the response of the litany—"Good Lord! deliver us." Nor should this epithet be hastily applied to a procedure which now counts among its advocates the leading obstetricians of the world.

In conclusion, since no authorized plan of treatment ought to be condemned on purely theoretical grounds, let me, Mr. Editor, ask each one of your many readers, including my friend Dr. Corson, to put this method of placental delivery to the test, in his next dozen cases of labor. He may not find it successful in every case, but he will, I am sure, be so well pleased with the prompt way in which it generally "unbuttons" and delivers the placenta, that the most ingenious theoretical arguments will never lead him to abandon it.

WILLIAM GOODELL, M. D.

Cincho-Quinine.

ED. MED. AND SURG. REPORTER:—

I have used cincho-quinine in a large number of cases of intermittent, and in a few cases of remittent fever, and consider that I have given it a fair trial. In my hands it has produced no nervous derangements, and, for this reason, may be used in certain cases where quinine would be inadmissible. I have never seen the rash described by other observers. In the form of an elixir, it is an elegant, pleasant remedy for malarial diseases in children. In commencing its use, I gave the same amount by weight that I would have given of quinine in similar cases, and failing to procure satisfactory results, I have, since my first few cases, always given a larger amount. Say, when I would have used five grains of quinine, I used seven and a half grains of cincho-quinine; and, in these larger doses have not obtained as prompt nor as decided anti-malarial effects as could be had from the sulphate of quinine. That this medicine will interrupt the paroxysms of an intermittent, or allay the intensity, and cut short the progress of a remittent, few will deny; but that it will do this, or these, as quick and as well, I do not believe, and it does seem to me that there is too much disposition amongst us to ride our new remedies further than their effects will sustain us. I will give the results of my experience with the tincture eucalyptus as soon as I am satisfied with it. I am, yours, respectfully,

J. N. MCCORMICK, M. D.

NEWS AND MISCELLANY.

Law of Missouri Concerning the Practice of Medicine.

We furnish below a synopsis of the law passed at the last session of the Legislature of Missouri in relation to the practice of medicine and surgery in this State, Approved March 27th, 1874:—

1. It is made unlawful for any person to practice medicine or surgery in this State, who shall not have first received the degree of doctor of medicine from some medical college or university duly established under and by virtue of the laws of the State or County in which the same is situated.

2. Every person wishing to commence the practice of medicine or surgery in this State is required to file a copy of his diploma in the office of the County Clerk of the County in which he resides, to be sworn to and subscribed by the party filing the same, and thereupon the County Clerk registers the diploma, for which a fee must be paid.

3. Persons practicing or who shall commence to practice before the first of September, 1874, shall register without diplomas.

4. The penalty for non-compliance with the act, upon conviction, is fixed at not less than twenty-five nor more than five hundred dollars; and the fact that such person has not filed his diploma is a sufficient defence in any action which he may bring to recover his fees for professional services.

The U. S. Medical Directory.

Owing to the receipt of additional material, the *Medical Directory of the United States* will not be ready before July 10. Subscribers to the work, who remit before that date, will receive it for $5.00.

Trichinæ.

At Harrisburg, Pa., June 1, a post-mortem examination was made of the body of George Cordes, who died from eating ham containing trichinæ. Under the microscope thousands of trichinæ were visible, sixty-five being counted in the space of an eighth of an inch; and the whole body doubtless contained millions. Cordes suffered terribly before death.

—A curious instance of superstition is reported from Lewiston, Me. A family there, who had lost several of its members by consumption, recently had the body of the last one who died disinterred and reburied face downward. This was in accordance with a belief that to stop the ravages of the disease in the family it is only necessary to bury the last victim face downward.

Personal.

—The Marquis d' Ourches, who left the $5000 prize for an infallible sign of death, at one time gained his daily bread by helping plumbers, at a wage of sixpence a day. Fifteen years passed thus in poverty, supported in a dignified manner, the laborer rose in grade and became a glass-blower, a worker in glass for scientific instruments, then a skillful constructor; by this hard work, the fallen aristocrat reconquered his titles of nobility.

—Dr. A. J. Howe, of Cinn., O., was recently accused of malpractice. The Cincinnati *Gazette* says of the case, editorially: "It is simply justice to say that the testimony of the girl, Hannah Smith, by which it is sought to connect Dr. A. J. Howe with the crime of abortion, must appear to every person who examines it as a most infernal attempt to blacken character, and as weak as it is infernal."

—Dr. Charles T. Jackson, the eminent chemist of Boston, has for some time been suffering from an attack of brain disease from which his physicians now say he cannot recover. Dr. Jackson (who is a brother-in-law of Ralph Waldo Emerson) disputed, it will be remembered, the discovery of ether as an anæsthetic with Dr. Wm. G. Morton, and also disputed with Prof. S. F. B. Morse the claim to the discovery of the electric telegraph.

—Dr. R. N. Todd, Professor of Theory and Practice, Dr. R. E. Haughton, Professor of Anatomy; Dr. W. B. Fletcher, Professor of Physiology; and Dr. Clark, Professor of Materia Medica, members of the faculty of the Indiana Medical College, have resigned their respective chairs, and the following appointments were made to fill the vacancies: Dr. Clarke, Theory and Practice; Dr. Fletcher, Anatomy; Dr. Henry Jameson, Materia Medica; and Dr. F. G. Van Vorhis, Physiology.

—The Alumni of the St. Louis Medical College propose erecting a monument to Professor Charles A. Pope.

—It has been determined to erect in the principal courtyard of the Veterinary School at Alfort a statue of Claude Bourgelat, the founder of veterinary teaching in France, whence it has spread to the principal countries of Europe, the founders of all other existing veterinary schools having been themselves pupils at Alfort.

A Useful Boy.

The Boston *Journal* says that a certain highly respected physician of that city discovered his professional cards disappearing very rapidly. He suspected that his new office boy was using them up in a clandestine manner. "Jo," said the doctor one morning, "what has become of those cards which I placed on the table in the outer office?" "Cards, sir?" repeated the boy. "Yes, cards," reiterated the doctor. "I took 'em," replied the boy proudly. "What have you done with them?" demanded the doctor. "Well, my mother told me before I left home that I must make myself useful to my employer, and so most every day when I haven't anything else to do I just throw them into the horse cars as they pass the corner."

The Mecca Pilgrimage of 1874.

Dr. Buez, writing to the *Gazette Hebdomadaire* (No. 19), from Djeddah, reports that the pilgrimage has been accomplished this year under the most favorable conditions as regards the public health; so that if Europe is to suffer from an attack of cholera this summer, it will not be due to a new importation from India. It cannot be doubted, he observes, that the manifestations of late met with in Europe are but recrudescences, or remains of the great epidemic of 1864-65, which left ill extinguished foci in several localities, capable of being again brought into activity by favorable conditions, but always manifesting a decreasing vitality; so that if a renewed importation can be prevented, such foci will gradually die out.

A French Charlatan.

An irregular practitioner was recently fined at Brest, for practicing without a diploma. He was a retired naval officer who had found means, during several years, to increase his income by the sale of tiny bits of sugar steeped in liquids, for the nominal sum of fivepence each. He called himself a homœopath, and openly visited patients, and gave consultations, charging the same fees as the medical men of Brest. This was no vulgar and illiterate impostor, and his success was the greater as he was a superior naval officer, and always gave his consultations in full uniform.

Items.

—On June 3d, the corner-stone of an extensive addition to the German Hospital in this city was laid.

—The *Lancet*, May 2d, says the "American University of Philadelphia" is still selling diplomas in London.

—The discovery of oxygen by Dr. Joseph Priestley, on the first of August, 1774, is to have a centennial celebration under the auspices of the Chemical Section of the New York Lyceum of Natural History.

—The London *Times* recently contained an account of a centenarian, named Anthony Beresford, who died in England recently, at the age of 102 years.

—Count Wrangel, "the grandfather of the Prussian army," now ninety-one years of age, may still be seen from time to time threading the paths of the Thiergarten, upon a steady-going hack, to the saddle of which he is carefully strapped; and promenades the Linden with feeble jauntiness, chucking servant girls under the chin, and returning eagerly all the salutations paid to him.

THE

MEDICAL AND SURGICAL REPORTER.

No. 904.] PHILADELPHIA, JUNE 27, 1874. [Vol. XXX.—No. 26.

Original Department.

Medical Societies.

THE AMERICAN MEDICAL ASSOCIATION.

(*Concluded from No.* 903.)

REPORTS FROM CHAIRMEN OF SECTIONS—BY DR. PARVIN, CHAIRMAN SECTION OF OBSTETRICS.

The hour of ten o'clock having arrived, Dr. Parvin, of Indianapolis, Indiana, chairman of section No. 2, read an address having peculiar reference to the branch of medical science committed to the section.

On motion the thanks of the Association were extended to Dr. Parvin for his address, and the paper referred to the section for its action.

A CONSTITUTIONAL POINT.

Dr. White, of Buffalo, moved to set aside the order of business that Dr. Pallen might read his paper on Gynæcology, announced on the programme. The motion elicited an excited discussion, and it was finally decided that the paper not having been reported from the section to which it belonged could not properly be read before the general body.

HYGIENIC RESPONSIBILITY.

Dr. A. N. Bell, of Brooklyn, New York, chairman of the section on State Medicine and Public Hygiene, read an address. It was attentively listened to, and some portions much applauded:

"*It is held in law that whoever accelerates death causes it.*"—*Taylor's Medical Jurisprudence. American edition*, 1861, *p.* 740.

Progress in measures for the protection of human life consists in exposing the consequences of their neglect. The fall of a frail structure in Brooklyn, a few weeks ago, overwhelming nine or ten men in the ruins, killing three outright, wounding several others, shocked the whole community. Policemen and coroners rushed to the rescue; his Honor the Mayor, the Health Commissioners, the contractors and the undertakers vied with one another in their lively sense of the catastrophe. And the action of the Common Council was invoked to prevent the recurrence of such an accident in the future. Such is the natural horror of death when suddenly brought face to face with small motives. Three days later, in the same city, a whole row of half-built houses tumbled down, involving much greater loss to the *contractor* than in the former case, but as there happened to be nobody in them at the time, to be killed, the circumstance attracted but little notice; it was only an unfortunate accident to the contractor, an incident to his occupation. These are fair examples of common occurrences of carelessness in regard to the safety of human life throughout the country. Occasionally one extraordinary for the number of its victims happens, such as that of the Mill River disaster, and it is for a time made the theme for pulpit eloquence. Mill dams everywhere are held up as suspicious structures, liable at any time to break away, and demonstrate, to the satisfaction of those who build them, the uncertainty of human life.

* * * * * * * * *

The mortality of the United States for 1870 was 492,263. A glance at this tabulated estimate in the census report will show that about one-half of the total number of deaths was caused by the diseases due for the most part to miasms, consequent upon soil saturation and stagnant water. That from consumption alone there were 69,896 deaths. From enteric, intermittent, remittent and typho-malarial fevers, and cerebro-spinal meningitis, there were 34,529 deaths. Rheumatism, acute pulmonary affections, croup, diphtheria, and many other diseases well known to be largely due to, or promoted by the same cause, may, for our present purpose, be left out of the count. Of the 69,896 deaths from consumption, and 84,521 deaths from ordinary miasms, three-quarters of them, at the least, or more than 75,000 lives, might have been

saved by drainage. For illustrations of the results of defective drainage, it is more difficult to go amiss than to designate. For its consideration in detail in some of the States. attention is invited to the special reports submitted by the members of the section representing them. Since writing up the subject for the City of Brooklyn and County of Kings, for the report on the State of New York, Dr. James Watt, registrar of vital statistics to the Brooklyn Board of Health, has kindly prepared for me a table showing the comparative mortality from consump ion in the different wards of the city. Its full value to Brooklyn can be appreciated by those only who are familiar with the city topography, while it illustrates conditions common to all our large cities.

Take, for example, an old and well-built up ward (the Third), containing a population of 9984, which is not known to have any soil saturation, its situation being such that the ordinary street grading and sewer culverts effectually drain it. The deaths from consumption in this ward last year were fourteen; or 1.40 per 1000 of the population. An adjoining ward (the Sixth), with a population of 28,296, of corresponding large area, however, it being even less densely built up than the former, but about one-half of it subject to soil saturation, had of deaths from consumption 171, 6.04 per 1000 of population. Sixty-one of these deaths occurred in hospitals situated in this ward, and were in part from other wards. After deducting the whole sixty-one there still remain 4 per 1000, or nearly three times as many deaths per 1000 of population from consumption over this area of soil saturation as in the one devoid of it.

Of malarious and zymotic diseases generally, the deaths over the non-saturated soil (of the Third Ward) were 2.40 per 1000 of population. From the same diseases in two soil-saturated wards (Twelfth and Eighteenth), extending over a large area, and for the most part sparsely built up, as compared with the non-saturated area, there were 9.86 per 1000 of population, or nearly four times as many. I might thus go over the whole city and show the influence of soil saturation on the mortality, point out the neglected natural soil saturation in one place, and the carelessly constructed soil saturation in another.

The total number of deaths in Brooklyn last year was 10,968. and not less than one-fourth of them were accelerated by defective drainage. And yet Brooklyn is no exception in this regard. On the contrary, the death rate of Brooklyn compares favorably with other of our large cities, which is abundantly shown by the following examples. The total annual death rate of Brooklyn, from consumption, last year, was 3.47 per 1000 of population (census of 1870) and on the whole number of deaths the per cent. for consumption was 12.55. In the City of New York, on an estimated population at the present of 1,000,000, there are of deaths from consumption 4 13 per 1000 and 14.22 per cent. of the total mortality. Boston, 3.96 per 1000 of population, 13.84 per cent. of total mortality; Philadelphia, 3.05 per 1000 of population, 13.65 per cent. of total mortality; San Francisco, 2 74 per 1000 of population, 14 12 per cent. of total mortality; Albany, 3.43 per 1000 of population, 15.50 per cent. of total mortality; New Orleans (where the benefits of a mild climate opposed to consumption are condoned by defective drainage), 3.96 per 1000 of population, 13.84 per cent. of total mortality. By States, of the total mortality in the United States 12.45 was caused by consumption. In New York, 16.17; District of Columbia, 21 19. A concise table of the ratio of the deaths from consumption in every State in the Union may be found in the "Dictionary of Elevations and Climatic Register," by Dr. J. M. Toner. Under approximate temperature the ratio of mortality from consumption, in regard to defective drainage, will be found scarcely less deviating than miasmatic fevers.

Wherever misery, disease and short life predominate there always exists, at man's disposal, the means of relief; to find out and apply these means is the exercise of sanitary science.

It becomes our duty as sanitarians to show the authorities that it costs less to have human habitations constructed with regard to the protection of life, with provision for an abundant supply of pure air, water, and light, paved and cleanly streets, efficient drains and sewers, than it does to neglect these provisions; that imperfectly constructed houses, mill-dams, steamships, and other human habitations and highways all fall under the category of neglected measures accelerating death.

On motion the thanks of the association were tendered to Dr. Bell, and the paper referred to the section for action.

The secretary then read the following papers:—

REPORT OF COMMITTEE ON PRIZE ESSAYS.

To the President of the American Medical Association:—

The committee on prize essays have to report that they have received but one paper.

The committee. after careful examination of the essay submitted, are of opinion that though it possesses considerable merit it is not entitled to one of the prizes tendered by the Association.

G. K. Johnson, Chairman.
H. O. Hitchcock.

This report was accepted and filed.

COMMUNICATION FROM PHILADELPHIA COUNTY MEDICAL SOCIETY.

Philadelphia, Feb. 17, 1874.

Dr. S. D. Gross:—At a recent meeting of the Philadelphia County Medical Society you were appointed chairman of the following committee of fifteen; S. D. Gross, L. Turnbull, W. B. Atkinson, A. Fricke, D. Burpee. H. Lenox Hodge, R. E. Rodgers, W. L. Atlee, J. G. Stetler, M. O'Hara, D. Hayes Agnew, I. S. Eshleman, W. H. Pancoast, Robert Burns, Edward Wallace, in accordance with the following resolutions:—

"*Whereas*, In view of the approaching centennial celebration it is right and proper that this society, embracing, as it does, in its organization the medical practitioners of the city and county of Philadelphia, should take the initiative relative to the medical portion of said celebration; therefore, be it

"*Resolved*, That we hereby invite our medical brethren of the world to assemble in medical congress in Philadelphia, July 4th, 1876, and we also invite the medical society of the State of Pennsylvania, and the American Medical Association, to hold their annual sessions at the same time, in order to discuss the important medical topics of the day.

"*Resolved*, That an executive committee of fifteen members, including the president of this society, be appointed to carry forward the objects expressed by the foregoing resolutions.

Very respectfully,

H. LEAMAN,

Recording Secretary, Phila. Co. Society.

The resolutions were referred to the next meeting of the association.

NECROLOGY.

The report on the necrology of the year, from Dr. A. M. Sager, was referred, without reading, to the Committee of Publication.

The names of the following gentlemen were announced as having been appointed

DELEGATES TO FOREIGN BODIES.

R. J. Levis, Philadelphia, Pa.
D. G. Brinton, Philadelphia, Pa.
T. M. Drysdale, Philadelphia, Pa.
E. C. Howard, New York.
E. Seguin, New York.
L. C. Lane, California.
J. D. Jackson, Kentucky.
A. J. Erwin, Mansfield, Ohio.
Geo. W. Burton, Mitchell, Indiana.

REPORT OF DR. SEGUIN.

Dr. E. Seguin, of New York, submitted the following report:—

Mr. President and Members of the American Medical Association:—

You sent me as a delegate to the British Medical Association, and to other kindred European societies, for the year 1873–4.

Ill health did not permit me to attend other meetings than those of the British Association in London, and of the French Association for the Advancement of the Sciences in Lyons.

By both societies I was received, for your own sake, as the most worthy among you could have been, and allowed the most cordial hearing

I took this opportunity to advocate, with slight variations, in London and in Lyons, a theme of great importance. I mean the question of harmonizing our means of observation and of record, and of instructing therein mothers and nurses.

The British Medical Association ordered the printing of my lecture, and the section of medicine of the French Association for the Advancement of the Sciences voted the nomination of a commission to arrange the preliminaries of an international agreement on this subject. The motion was firmly supported by Professor Verneuil, President of the Section of Medicine, and by Professor Morey, of the College de France, and carried.

At this point I ask the concurrence of the American Medical Association, thinking that we must not now remain behind in a question in which we were ahead last year.

This question is of incalculable interest.

Our methods and instruments of observation are discordant in results and in scales; our clinical tables differ from nation to nation, from one hospital to another, and are almost ignored in private practice; family physicians are helpless to supply their share of the advancement of science, because they do not educate mothers to be their clinical assistants, and mothers and nurses remain a prey to the vilest quackeries, because we do not teach them better.

As soon as the object of this communication shall be attained, the observations of physicians will become comparable, at a glance, and their record be as positive as those of the operations of the chemist, the physicist and the dynamist.

Moreover, women will be more useful when they form a higher estimate of their functions in the sick chamber; and when they know that diseases are natural deviations from natural laws, they will cease to look for supernatural means of restoring natural health.

These considerations could be much enlarged. To save time I cut them short, and conclude by asking the American Medical Association to form an international commission of physicians of high standing, speaking the European languages, and designing to go to Europe this summer. To charge them to represent the American Medical Association before the British Medical Association, the German and French Association for the Advancement of Science, and other kindred societies; to promote interchange of ideas, and particularly to coöperate with them in any plan, scheme or organization which would have for direct object the uniform establishment and propagation of the methods and instruments of positive observation. And, finally, to invite them to report on the progress of this work, at the next meeting of this Association.

On motion the report was received, entered upon the records, and the recommendations adopted.

A PROPOSAL TO AMEND PLAN OF ORGANIZATION,

Submitted by Dr. Adams Jewett, of Ohio, is as follows:—

First sentence of paragraph eight of article II, p. 403 of Transactions for 1873, reads as follows:—

"The *permanent members* shall consist of all those who have served in the capacity of delegates, and of such other members as may receive the appointment by unanimous vote, and shall continue such so long as they remain in

good standing in the body from which they were sent as delegates, and comply with the requirements of the by-laws of this Association."

I propose that this sentence be amended so as to read as follows:—

The permanent members shall consist of all those who have served in the capacity of delegates, and of such other members as shall have received the appointment by unanimous vote, and of all others who, being members in good standing of any State or local medical society entitled to representation in this body shall, after being vouched for by at least three members, be elected to membership by a vote of three-fourths of the delegates in attendance, and shall continue such so long as they remain in good standing in the body of which they were members when elected to membership in this Association, and comply with the requirements of its by-laws.

This was laid over for one year.

LIBRARIAN'S REPORT.

The following report was submitted by the Librarian:—

LIBRARY OF THE AMERICAN MEDICAL ASSOCIATION, WASHINGTON, D. C., April 1, 1874.

MR PRESIDENT:—I have the honor to report, as Librarian, that during the past year, as shown by the accompanying catalogue, there have been added to the library sixty-nine distinct titles, exclusive of yearly volumes of transactions of societies, reports of hospitals and boards of health, and volumes of medical journals, where these have been previously catalogued as distinct titles. Perhaps the most important included in this list of the past year is the manuscript *deposited* by Dr. J. M. Toner, entitled, "Physicians (list of the) of the United States, with their post office address, and school of practice, returned by the Assessor of Internal Revenue." This addition makes the library to consist at present of four hundred and thirty-one distinct titles, and an analysis of these titles, as published in previous volumes, will show that the library so far is composed mainly of incomplete volumes, and incomplete numbers of medical journals, society and hospital reports, a complete set of any publication being a marked exception rather than the rule; add to this, pamphlets and volumes of comparatively little importance at the present day, and, with a few exceptions, they constitute the library of the American Medical Association. The literature of to-day finds but a slender representation upon its shelves, and this is due in part to a want of action upon the suggestion made by Dr. Ashford and the present librarian in previous reports, that the transaction of the Association be furnished as *exchanges* wherever a suitable return may be looked for to enrich the library. For example, the library is wanting in many of the valuable publications of the medical departments of the United States army and United States navy, and it cannot ask for them with any good grace, as they are not supplied with the transactions. Some of the leading medical journals of the country, as the *American Journal of Medical Sciences*, Boston *Medical Times*, *Medical and Surgical Journal*, New York *Medical Record*, New York *Medical Journal*, Louisville *Practitioner*, and others, receive the yearly volume of transactions, and have done so for years, yet their publications are not represented on the library shelves; while other journals, which send their numbers regularly from month to month and year to year, receive no acknowledgment in this form. The Committee of Publication declares itself powerless to remedy this state of things, having no authority from the Association to act with discretionary power, and the librarian hopes that this year, at least, some notice will be taken of the suggestion.

The form of the catalogue has been changed this year, and it is hoped advantageously, and will be adhered to in future. Accompanying this is an account of necessary expenditures and receipts during the year, and the librarian takes this opportunity, in the name of the Association, to express thanks to all those who have contributed to the growth and preservation of the library, and to request that each and every society and institution having representation in this Association and publishing its transactions or records would furnish as full sets of the same as is in their power, to the library.

Respectfully submitted,

WM. LEE, Librarian,
2111 Pennsylvania Avenue.

The report was accepted, and on motion the following was adopted:—

Resolved, That the Committee of Publication be empowered to exchange copies of our transactions with all State Medical societies and journals; also, with the Bureau of Medicine and Surgery of the Army and Navy, and with the library of Congress.

Resolved, That a similar exchange be entered into with the various foreign medical societies.

RESOLUTIONS.

By Dr. Woodward, United States army, continuing the Committee on Representation in Nomenclature, College of Surgeons, London. Adopted.

By Dr. Wilson, of Michigan, of censure on a physician. Referred to Judicial Council.

By Dr. Wm. B. Atkinson, the following:—

Resolved, That a suitable die for a medal, with a likeness of Dr. N. S. Davis on one side, and the name and date of the organization of this Association on the opposite, be procured by this Association, and that hereafter one be furnished to each delegate on becoming a member.

The resolution was adopted, and Drs. Toner, Woodward and Keller appointed a committee to procure the die.

By Dr. A. M. Pollock, of Pittsburg, the following, which was adopted:—

Resolved, That a committee of fifteen be appointed by the President of this Association, to confer with the committee appointed by the Philadelphia County Medical Society relative to

the meeting of the American Medical Association in Philadelphia in 1876, and be required to report the result of their conference to this Association at its *next* meeting.

EXONERATED.

Dr. N. S. Davis, chairman of the Judicial Council, reported that Dr. W. H. Myers, of Fort Wayne, Indiana, was a physician in good standing and was exonerated from all charges preferred against him.

A RELIC.

Dr. Wm. Brodie, of Detroit, presented to the Association the original copper plate on which was engraved the cards of membership used when the Association met in Detroit in 1856.

On motion the plate was accepted and placed in the archives, and a vote of thanks tendered to Dr. Brodie for the valuable relic.

While waiting for the report of the Committee on Nomination, Dr. Davis, at the request of Dr. Brodie, took up the time in giving his views upon the method of conducting the business of the meetings.

COMMITTEE OF CONFERENCE.

The president announced the following as the committee of conference with the Philadelphia County Society, contemplated by the resolution of Dr. Pollock: Dr. Pollock, Pittsburg, Pa.; Dr. Atlee, Lancaster, Pa; Dr. Green, Easton, Pa.; Dr. Curwen, Harrisburg, Pa.; Dr. Lyons, Williamsport, Pa.; Dr. Gillett, Franklin, Pa.; Dr. Lee, Philadelphia, Pa.; Dr. Halberstadt, Pottsville, Pa.; Dr. King, Pittsburg, Pa.; Dr. John Lowman, Johnstown, Pa.; Dr. Eugene Smith, Michigan; Dr. N. C. Husted, New York City; Dr. E. Lloyd Howard, Baltimore; Dr. J. H. Wheeler, Nashua, N. H.; Dr. L. F. Warner, Boston.

Dr. Brodie announced to the Association that

HON. GEO. V. N. LOTHROP

Was in the room, and calls were made for him to appear. Mr. Lothrop came forward, and was introduced by President Toner. He said he did not know what his disease was, that he should be taken in hand so summarily. That the doctors must find out. They are the great masters of remedies, and must get him out of the difficulty. He congratulated the citizens of Detroit upon being permitted to have in their midst such an array of talent and learning, and he joined most heartily in a cordial welcome to all.

The Committee on Nominations not yet being ready to report, the Association adjourned to meet at 9 o'clock this morning.

FOURTH DAY'S SESSION.

The Association was called to order by the President, and by unanimous consent the reading of the minutes was dispensed with.

On motion Dr. E. W. Jenks was added to the delegates authorized to represent the Association before similar foreign organizations.

INTERNATIONAL ASSOCIATION.

On motion the following were appointed a committee to digest a plan for an International Medical Association; Drs. J. M. Toner, of the District of Columbia; N. S. Davis, of Chicago; Alfred Stillé, of Pennsylvania; Austin Flint, Sr., of New York, and J. S. Billings, United States Army.

PAY FOR THE SECRETARY.

Dr. T. Parvin, of Indiana, moved that an appropriation of $300 be made to recompense the Secretary for his services.

After a short discussion the sum to be paid was fixed at $500, and in this shape the motion was passed.

THE NOMINATIONS.

Dr. H. T. Byford, of Colorado, submitted the report of the Committee on Nominations, which, after various corrections, was adopted, as follows:—

The Committee on Nominations respectfully report that they suggest the following gentlemen for the various offices named:—

President—Dr. W. K. Bowling, Tennessee.

Vice-Presidents—Drs. William Brodie, of Michigan; J. J. Woodward, of United States Army; H. W. Brown, of Texas; H. D. Didama, of New York.

Treasurer—Dr. Caspar Wister, of Pennsylvania.

Librarian—Dr. William Lee, of District of Columbia.

Committee on Library—Dr. Johnson Elliott, of District of Columbia.

Assistant Secretary—Dr. Will. Walling, of Kentucky.

Committee of Arrangements—Drs. Edward Richardson, Chairman; Lawrence Smith, Robert Gale, James Holland, Henry Bullit, J. M. Keller, D. W. Yandell, Lewis Rogers, R. C. Hewett, all of Louisville.

Committee on Prize Essays—Drs. J. D. Jackson, L. P. Yandell, J. A. Octerloney, all of Kentucky; Theophilus Parvin, T. M. Stevens, both of Indiana.

Committee of Publication—Drs. F. G. Smith, Wm. B. Atkinson, D. Murray Cheston, Caspar Wister, Alfred Stillé, all of Pennsylvania; William Lee, of District of Columbia; H. F. Askew, of Delaware.

Next place of meeting, Louisville, Kentucky.

Time of meeting, First Tuesday in May, 1875.

The Secretary then read the following

REPORT OF THE COMMITTEE OF PUBLICATION.

The Committee of Publication respectfully report that the MS. of the last volume was put into the hands of the printer at the close of July, 1873, and that it was distributed to the members of the Association about the middle of the ensuing October.

It is scarcely necessary to say that the last volume, being a small one, might have been published at an earlier date had it not been desirable to await replies to the annual circular

containing the information needed to determine the size of the edition it would be prudent to issue. The importance of delaying the publication until this information is obtained may be readily understood by every member of the Association who has observed the many supernumerary volumes of bygone years annually exhibited by your committee in their report, and they can only add that they have exhausted every effort to avoid an unnecessary accumulation of volumes.

In the report of your committee last year the authors of communications were earnestly exhorted, for their own safety as well as for the credit of this Association, to spare us labor, to save your committee any unusual responsibility and care in superintending the publication of their contributions. They beg again most earnestly to reiterate their counsel, the importance of which can scarcely be over-estimated.

Your committee deem it their duty also to call the attention of the Association to a subject of equally great importance. The reports of sections at the last meeting having been made by phonographers who were not medical men, were, as furnished by them, comparatively useless. The copy literally swarmed with errors, blanks, and unintelligible phrases, to such an extent as seriously to impair the value of the reports.

It need scarcely be affirmed that all discussions by medical men should be reported by persons having a medical education. For it is evident that in such matters the skill, intelligence and industry of a layman, with extremely few exceptions, amount scarcely to anything. This is especially illustrated in the frequent experience of every one who reads the record of autopsies, the evidence of experts, etc., recorded in the secular press. A mistake in a few important words covers just the interval between sense and nonsense.

The discussions in the sections are reported for the benefit of the whole profession, and if worth reporting at all they should be reported accurately and well. A report even approximatively correct cannot be made except by one of medical education. It is sincerely hoped that this counsel will be heeded.

The following schedule exhibits the present number of each volume on hand and those disposed of since last report.

In concluding this report the chairman begs leave respectfully to tender his resignation and to ask to be discharged from further duty on the committee.

After twenty years of continuous service he feels that he has performed his share of a labor not always of the most agreeable character, and that he has a right to ask that younger and fresher hands may be invited to these duties.

In his long term of service his sole aim has been to discharge his duties to the best interest of the Association.

And which has been respectfully submitted.

Francis G. Smith, Jr., Chairman.

The following is the formal resignation of the Treasurer, accompanying the report:—

The office of Treasurer has been held, through the favor of this Association, by the present incumbent, for nineteen years, and he now indulges the hope that in consideration of his long services he may be granted a release; therefore, thanking the Association for its long continued confidence, he offers his resignation.

Caspar Wister.

On motion the reports of the Publication Committee and Treasurer were accepted.

RESIGNATIONS REFUSED.

Dr. William Brodie, of Michigan, offered the following resolution, which was adopted unanimously:—

Resolved, That, in view of the eminent services of Drs. Wister and Smith, we respectfully return to them their respective resignations, and insist that they shall continue in the performance of the duties of their respective offices.

At this juncture the Secretary announced the reception of the following telegram:—

Cincinnati, O., June 5, 1874, 9.15 A. M.

Secretary of the American Medical Association:—

Dr. George Mendenhall, ex-President of the Association, died last night.

Charles Mendenhall.

The reception of the telegram caused audible expressions of regret in all portions of the house, and a motion was at once passed requesting the President to appoint a committee to draft suitable resolutions in reference to the deceased.

DR. GROSS' ADDRESS.

Dr. Keller, of Kentucky, submitted the following resolution in reference to the address of Dr. Gross:—

Resolved, That in furtherance of the views expressed by Dr. Gross in his valuable address, touching a proper legislation to prevent the spread of syphilis, a committee, composed of Dr. Gross, Dr. N. S. Davis, Dr. J. M. Toner, Dr. Marion Sims and Dr. John Morris, be appointed to report at the next meeting the most feasible plan for securing such legislation.

The resolution was adopted.

SURGERY IN THE WEST.

A record of what the West has done for American surgery, by Dr. Paul F. Eve, of Nashville, Tennessee, was submitted to the Association by Dr. Brodie, who said it had been received by mail too late for reference to the proper section.

AMPUTATION AT THE HIP-JOINT.

The first successful amputation at this articulation, in America, and it may be the first successfully performed in civil practice the world over, was done by Walter Brashear, M. D., of Bardstown, Nelson County, Kentucky, in August, 1806, the same year that the great American surgeons, Drs. Dudley and Mott, graduated in medicine. The patient was a boy of seventeen years; the method of operation,

the circular, with incision over the trochanter major, to complete the disarticulation. After his recovery he went to St. Louis, Missouri, where he was a resident in 1846.

At a public dinner given to the celebrated Henry Clay, by the City of New Orleans, Dr. Brashear being also present, to a sentiment complimentary to this operation, the great Kentucky orator exclaimed: "Doctor, they have got you on the hip."

It was nearly twenty years, viz., in 1824, before this most formidable of all amputations was successfully repeated in this country, and then performed by the most skillful surgeon she has ever produced, the late Valentine Mott.

FIRST EXCISION OF THE CLAVICLE.

In 1828 Dr. Mott published his case of excision of the clavicle for sarcoma, believing it at the time to have been the first operation of the kind ever performed. So formidable, too, did he consider it, that he subsequently called it his "Waterloo operation." Little did he suppose that here again he had been preceded by another Kentuckian, just as he had been in the hip-joint amputation, and it so happened by about the same number of years. The first successful excision of the entire clavicle ever achieved was done by Dr. Charles McCleary, of Hartford, Ohio County, Kentucky, on the 4th of May, 1811, as reported by James H. Johnson, M. D., of New Orleans, Louisiana, in the *Medical and Surgical Journal*, of that city, for 1850. Dr. Gross, in volume 2, page 1078, of his System of Surgery, says it was done in 1813, and on a boy of fourteen years, for scrofulous caries of the right collar bone, who survived the operation many years.

OVARIOTOMY.

To Dr. Ephraim McDowell, of Danville, Boyle County, Kentucky, is the world indebted for an operation now performed everywhere, to the saving of thousands of lives, heretofore condemned to a lingering death by an incurable affection. The cutting out of a diseased ovarium successfully was first done in the well known case of Mrs. Crawford, in Danville, December, 1809. This was soon followed by two other cases, and the three published in 1816 in the *Eclectic Repertory* and *Analytic Review*, of Philadelphia. The learned Dr. Gross, of Philadelphia, and talented Dr. John D. Jackson, of Danville, Kentucky, have convinced the profession that to a backwoodsman of America, without now the shadow of a doubt, we owe the origin of the most hazardous, delicate and wonderfully successful operation in gynæcology.

EXTIRPATION OF THE UTERUS.

Prof. Gross, in his Surgery (vol. 2d, page 926), says: Vaginal hysterotomy was first performed in this country in 1830, by Dr. J. Briggs, of Kentucky. Prof. Bowling publishes the fact that Dr. J. M. Briggs, Sr., of Bowling Green, Kentucky, has priority for this operation in the United States.

LITHOTOMY AND THE DUE PREPARATION FOR A CAPITAL OPERATION.

Dr. Benjamin Winslow Dudley, late of Lexington, Kentucky, has confessedly done more with the roller and simple diet than any one who has practiced medicine. No surgeon, by these simple means, ever accomplished so much. It was reserved for him to teach the profession how to prepare a patient for a critical operation. He will long be known as the great lithotomist of the nineteenth century. It has been said of him that he operated one hundred times in succession, for stone, without a death or failure.

Here, then, in a few words, is what a single Western State, Kentucky, has done for American surgery, and this, too, in a period of some thirty years Can as much be said of any other, or even an approximation to it? It does seem most wonderful. First in amputation at the hip joint, first in excision of the clavicle, first in ovariotomy, first in vaginal hysterotomy, first in lithotomy, Kentucky should henceforth be called the banner State for surgery.

RESECTION OF THE INFERIOR MAXILLARY BONE.

On the 6th of February, 1810, Wm. H. Deadrich, M. D., then a practicing physician in Rogersville, Hawkins county, Tennessee, removed nearly one-half of the lower jaw bone from a lad fourteen years of age, "without known precedent or professional counsel or aid." The patient fully recovered. This was the first operation of the kind ever performed, and was originally published in the *American Recorder*, of Philadelphia, then in "Gibson's Surgery." The case excited at the time great interest, both in this country and Europe. Dr. Mott; Mr. South, editor of the English edition of Chelius' Surgery; Dr. Blackman, editor of Mott's Velpeau's Surgery; Dr. H. H. Smith, successor of Prof. Gibson; Prof. Gross, and others, have all admitted that this was the first operation of the kind. In the "Collections of Remarkable Cases of Surgery," edited by myself in 1857, is a letter to Dr. Avent, then chairman of the Surgical Committee for Tennessee, 1853, now Professor of Surgery in the Memphis Medical College, from Dr. Lea, one of Dr. Deaderich's friends, dated December, 1822, which stated that he induced Dr. D. to publish this case. No one now doubts his claim to priority in this operation. The truth is, the operator was a gifted man in many respects, and was one of a talented family. His younger brother is one of the present judges now on the Supreme Bench of Tennessee.

INTUSSUSCEPTION SUCCESSFULLY RELIEVED BY GASTROTOMY.

In the Pennsylvania *Medical Journal*, 1865; republished in the *American Journal of Medical Science* the same year, is the report of a case of intussusception by Mr. W. W. Thompson, then a student of medicine, of an operation by John R. Wilson, M. D., on a negro man twenty years old, in December, 1831, then of

Reuterford county, Tennessee. Other means having failed, seventeen days after obstinate obstruction in the bowels, the abdomen was opened by an incision two inches above and three below the umbilicus, when the ileum was found invaginated and threatened with mortification; was drawn out carefully and released; the wound then closed by sutures and plasters, when the patient soon voided the crude mercury he had taken the night before. He fully recovered. This was done, as will be remembered, in the days of slavery, and but for which it would probably have never been attempted. So hazardous an operation in regard to diagnosis and result has not yet met with much encouragement by the profession.

CURATIVE TREATMENT FOR VESICO-VAGINAL FISTULA.

It was while the distinguished J. Marion Sims, M. D., etc., was practicing medicine at Montgomery, Alabama, that he successfully introduced the method for relieving one of the most deplorable affections in the female sex. He says himself, as if by inspiration, in the happy combination of the duck-bill speculum, silver suture and sigmoid catheter, he finally succeeded in permanently closing the fistulous opening between the bladder and vagina. The details of his operation were first published in the *American Journal of the Medical Sciences*, for 1852. His peculiar speculum has actually produced a new era in the treatment of female diseases. Dr. Sims now resides in New York City, is the bearer of the Cross of Honor from France, Belgium, Spain, Portugal, and Italy. He was Surgeon-in-Chief of the Anglo-American ambulance at the battle of Sedan, which culminated in the downfall of the French empire under Napoleon III. He is also the author of several works on gynæcology, and the founder of the New York Woman's Hospital.

SUCCESSFUL APPLICATION OF A LIGATURE TO THE BRACHIO-CEPHALIC ARTERY.

Of fourteen published attempts to ligate the arteria innominata, the only one which the patient survived occurred to Dr. Andrew Woods Smyth, of New Orleans, La. The operation was performed in the Charity Hospital in that city, on the 15th of May, 1869. Its success was attributed by Dr. Smyth, and no doubt correctly, to his tying also the right vertebral artery. Ligatures had previously been applied simultaneously to the innominate and right carotid; but hemorrhages recurring at irregular intervals, at the end of fifty-four days the operator tied the right vertebral. Four months from the first operation the patient was announced to have fully recovered.

EXCISION OF THE ULNA AND RADIUS—THE USEFULNESS OF THE LIMB PRESERVED.

The operation of removing the entire ulna and radius, except a small portion of the lower extremity of the latter, was first performed by Dr. Compton, in 1853, when he was connected with one of the medical colleges of New Orleans, and is published in the *Medical Register* of that city. Dr. Gross and Dr. Ashhurst admit it in their works on surgery, and it is found in my collection of "Remarkable Cases in Surgery." The accident requiring its performance occurred to a sailor boy, who, while asleep on the anchor chain, was caught in its running out, and the limb severely fractured. April 18th, the doctor removed both radius and ulna entire, excepting a portion of the inferior end of the former bone. The forearm is two or three inches shorter than the other, but it has resumed a healthy condition, can be used to a limited extent, and the boy, eleven years of age, fully recovered.

EXTIRPATION OF A PORTION OF THE OS COCCYGIS FOR NEURALGIA.

The late Prof. Josiah C. Nott, M. D., of Mobile, Alabama, first exsected part of the os coccygis for distressing nervous affection of the neighboring soft parts. This he did by removing two segments of this bone in 1843, of a lady patient of twenty-five years, who had been a great sufferer, and whom he partially relieved by it. This is believed to be the first instance of such an operation. The case is published in the New Orleans *Medical Journal*, for May, 1844, and copied by the *American Journal of the Medical Sciences* for October of the same year. In Prof. Gaillard Thomas' edition of the celebrated accoucher of London, Prof. Barnes (whom I had the pleasure of meeting last year in London), it is stated that J. C. Nott, M. D., performed this operation for coccydinia, fifteen years before the late Dr. James Y. Simpson did it.

SUCCESSFUL EXCISON OF SIX INCHES OF GANGRENOUS INTESTINE IN HERNIA.

Dr. Charles A. Luzenberg, while in charge of the Charity Hospital of New Orleans, Louisiana, soon after his return from Europe, 1834, laid open a strangulated hernia, and finding the intestine completely mortified, did not hesitate to remove the dead parts, stitched the serous surfaces together, and the patient fully recovered in thirty-five days. As early as 1832, he recommended the exclusion of light to prevent pitting in small-pox. Dr. Luzenberg died quite young, less than forty-three years old, but had already acquired the reputation of a veteran and most skillful surgeon, not only in the land of his adoption, but also in Europe, where, like the great Physick, he was elected a member of the Academy of Medicine.

EXTIRPATION OF THE KIDNEYS.

The first, and probably the only successful removal of the kidney performed in this country occurred in the practice of Prof. G. T. Gilmore, M. D., now of Mobile (Alabama) Medical College, during December, 1870, the patient, a negro woman, aged thirty-three, and she pregnant. Prof. Simon, of Heidelberg, as is well

known, revived the operations on this organ by the successful result of his case of extirpation in 1870, while it may be true that Marchetti, an Italian surgeon, had practiced nephrotomy during the seventeenth century. Several recent attempts at these operations have all proved fatal. Dr. Gilmore's, we believe, is the only one which has succeeded in America. His patient, as a recent letter informs us, has again been safely delivered of a living child. Of course the distinction is here made between the extirpation of the organ under consideration and nephrotomy proper.

REMOVAL OF THE CRISTA GALLI FOR FRACTURE OF THE CRANIUM—PATIENT SURVIVING SIX DAYS.

This is believed to be the only case of the kind on record, and from the *Nashville Journal of Medicine and Surgery*, for 1852, has been extensively copied. It may be the only one in which this portion of the cranium was ever removed by an operation. On the 15th of December, 1851, the writer, assisted by the late Prof. John M. Watson and Dr. Conwell, still a practitioner of this city, relieved a patient who had been dashed out of a buggy against a telegraph pole, he being drunk while his horse ran away with him. The os frontis was extensively fractured, the shock so great that his pulse fell to forty-four, and his breathing became stertorous. Twelve pieces of bone were elevated, the hemorrhage from the nose ceased, and the circulation rose to sixty-two. In one of the fragments removed the crista galli, with the foramen cæcum, are distinctly recognized. The patient, unfortunately, became uncontrollable, would get out of bed, walk into an adjoining room, and in these movements struck his forehead. From the exposure to cold weather, so great that the wet cloths applied to his head and wound would freeze, it became necessary to remove him a distance of some hundred yards, to a room with a fire. Cerebro-meningitis had, however, supervened, and he died on the sixth day, having, however, lived long enough to create hopes that under more auspicious circumstances he might have recovered. Was this possible?

The paper was, on motion, referred to the Committee of Publication.

Dr. A. Garcelon, of Maine, offered the following resolution:—

Resolved, That the Committee on Nominations, at our subsequent meeting, be requested to hold evening sessions, or at such other hours as will not interfere with attendance upon the general sessions, thereby giving its members the opportunity of attendance upon the public addresses and discussions of the Association.

After an exciting discussion Dr. Garcelon withdrew it, and Dr. J. Marion Sims, of New York, renewed it.

On motion the resolution was laid upon the table.

CANADIAN RESOLUTION.

Dr. Hall, of Toronto, submitted the following resolution:—

Resolved, That the Canadian physicians attending this meeting of the American Medical Association cannot take their departure without giving expression to their sense of appreciation of the fraternal kindness extended to the medical profession of Canada by favoring them with invitations and bestowing upon them such generous hospitality.

Dr. Hall, in presenting the resolution, said that he wished to express the thanks of the Canadian delegates for the reception which had been tendered to them by the Association. He felt that himself and his associates had derived very great benefit from the meeting. They had become aware that medical science had advanced to a very high point in the United States, and the result of the meeting had been to increase the liberality of all the delegates, who had learned to respect each other, and to labor more mutually for the good of the profession. Dr. Hall expressed the good will which Canadians and Englishmen feel toward the Americans, and especially to men engaged in similar professions. He spoke very wittily of the peculiar differences between American and Canadian institutions, and of the different forms of government in Great Britain and the United States, alluding to the good looking Queen who governs the former, and to the rather grim looking soldier who rules over the latter. In conclusion, Dr. Hall trusted that they might next year see a large number of the members of the American Medical Association at the meeting of the Canadian Society.

Dr. Richardson, of Toronto, seconded the resolution, saying that he could not allow the opportunity to pass to express his thanks for the honors and courtesies he and his friends from Canada had received. He had not felt that he was a Canadian or a stranger. Both by members of the Association and by citizens of Detroit they had been received with such friendliness that they felt that no words of appreciation could be extravagant.

Dr. N. S. Davis, of Illinois, responded to the kind sentiments expressed by his Canadian confreres, for, he said, that in these meetings the greatest benefits which were received were not the acquisition of knowledge, but the kindling of emulation and professional pride. The friendly contact of these meetings would send the delegates to their homes, he said, with that magnetism which would do them more good than their patients receive from pills and powders. He had himself been in attendance at the meeting of the Canadian Medical Association, and had received the kindest and most hospitable treatment. He rejoiced that the profession to which he belonged contained such ornaments to medical science as are now to be found in Great Britain, Canada and the United States, and that the science has no boundaries save the desire to benefit the human race.

The resolutions were adopted.

MISCELLANEOUS.

The roll of members was then read and confirmed.

Dr. Wm. Brodie announced that 427 members and 100 ladies had been in attendance, beside the Canadian delegation of fifteen.

Mrs. Eliza S. Leggett presented to the Society a book written by her father more than a hundred years ago, and also a pamphlet, showing that that gentleman was the first to introduce the doctrine of Jenner into this country, and the lancet with which the vaccination was made. Accepted with thanks.

The minutes of the various sections were received and referred to the Publication Committee.

Dr. Lee, of Philadelphia, offered the following, which was adopted :—

Resolved, That it shall be the duty of the Permanent Secretary to furnish the Committee on Nominations, immediately upon its appointment, a complete list of the members of the Association and a copy of the minutes of the last meeting.

AMENDMENT TO THE CONSTITUTION.

Dr. H. B. Baker, of Michigan, offered the following proposed amendment to the Constitution, which under the rules was laid over until the next session of the Association :—

The officers of the several sections shall be nominated by the sections in and for which said officers are to serve.

THE NEXT MEETING.

Dr. Richardson, of Louisville, Kentucky, chairman of the Committee of Arrangements, extended a cordial invitation to all present, and especially to his Canadian brethren, to be present at the meeting to be held in Louisville.

MORE THANKS.

Dr. Porter, of Maryland, offered a resolution of thanks to Peter Nebroth, janitor of the Opera House, and to the attendants in general, for their politeness and attention.

Dr. Brodie, on behalf of the citizens of Detroit, expressed the great pleasure which they had experienced in entertaining the members of the Association and the ladies accompanying them, and their hopes to again have the same pleasure and privilege.

PRESIDENT'S VALEDICTORY.

There being no further business before the Association, Dr. J. M. Toner, the President, said:

GENTLEMEN :—Your labors are brought to a close. We are about to adjourn the twenty-fifth annual meeting of the American Medical Association.

Before putting the motion that shall at once terminate the session and my official relations to this body, permit me once more to thank you for the courteous and efficient manner in which you have supported and assisted me in conducting the business that brought us together, and congratulate you for the philosophic, thorough and intelligent manner in which you have viewed and discussed the different questions that have been presented before us.

I am quite sure that this meeting will be conspicuous in our annals, and long remembered by all who have participated in its profitable deliberations, and have partaken of the unbounded hospitalities of the people of Detroit. The character of the work done by us must serve to make this Association more extensively known throughout the world, and its purposes and its aims better understood, both by the people and the profession of the United States.

I am confident we all feel more than rewarded for our attendance by the new ideas we have gained and the actual increase of our profound knowledge, and by the cementing of old friendships and the formation of many new and agreeable acquaintances.

The question now before us is that the American Medical Association adjourn to meet in Louisville, Kentucky, on the first Tuesday in May, 1875. Adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

New Treatment of Chronic Dysentery.

Dr. B. H. Washington gives a treatment, in the Nashville *Journal of Medicine and Surgery*, which he has tried with success in this obstinate complaint. His words are :—

I direct my patient to use a wet bandage, covering the whole stomach and bowels; let him have a couple of short loops attached to the wet bandage (two thicknesses of cloth), about eight inches apart, and on the dry bandage outside (four thicknesses), have a button sewed opposite each loop; then, with a rag string about an inch wide thrown over the neck, he can pass the latter through the short loops, and fasten on the buttons. Thus arranged, the bandage will be kept smooth, and not be slipping down all the time.

The next step is to have the patient regularly dry-cupped the whole length of the spinal column, every alternate night, not merely as an alterative and excito-secretory remedial agent, but absolutely as a healer of the ulcerations. Ulcerations of various kinds can readily be cured by dry-cupping alone, but in such a disease it is, of course, far the best plan to secure all the adjuncts we can, and I therefore use the wet bandage in all intestinal derangements.

Of the efficacy of the wet bandage in intestinal derangements, I will mention a single case.

While practicing in Logan county, Kentucky, I was called in consultation on a case of phthisis, the patient, aged sixty, rapidly wasting away with colliquative diarrhœa and night sweats. I directed him to have a wet bandage applied constantly, day and night, reaching from the collar-bone to the pubis, and a mild cough-mixture was also prescribed. The physician, after we left the room, remarked that the patient would never come out of that room alive. This was in October. In the following April, while passing a corn field, I was hailed, and the person calling me was the patient prescribed for in October. He was ploughing, and in the highest glee imaginable; "for," said he, "as soon as I begin to get tired, I go to the creek yonder, and change my wet bandage, and there is not a young man in the field who can keep up with me ploughing."

In chronic diarrhœa and dysentery the skin is almost always dry and torpid, and to relieve that I make my patient wet down from head to foot every day, with hot water and a coarse cloth, until the skin is fairly started; then once or twice a week will be sufficient. This, however, is merely an adjuvant; my prime remedy is to make the patient drink as much water as the stomach will bear, and as often as possible. This water should have bicarb. potass., about thirty or forty grains to the pint, in solution, and he should drink so much that the kidneys cannot carry it off, and the skin is absolutely forced to go to work, whether willing or not.

When the ulceration is strictly confined to the rectum, the injections of the chlorate of potash would no doubt prove serviceable; but I cannot think it could be made to reach ulcerations higher up in the large intestine.

When the patient first begins to use the water he should use it only a little colder than the body, and the bandage should be wet again as often as it begins to get too dry or too warm. Thus managed, the ulcerations will soon be healed up, and the patient rapidly regain his health, if not utterly hopeless from the first.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We acknowledge the receipt of the following pamphlets:—

What Effect Does Syphilis Have Upon the Duration of Life? By Fred. R. Sturgis, M. D.

The Electrolytic Treatment of Cancer. By A. D. Rockwell, M. D.

Observations in Electro-Therapeutics. By A. D. Rockwell, M. D.

The Treatment of Uterine Flexures. By Ely Van de Warker, M. D.

Fiftieth Annual Announcement of the Jefferson Medical College, Philadelphia.

Closing Lecture Delivered at the Woman's Medical College of Pennsylvania. By Sarah R. A. Dolley, M. D.

Second Annual Report of the Franklin Reformatory Home for Inebriates, Philadelphia.

Bibliotheca Glottica. By E. Steiger.

Syphilitic Membranoid Occlusion of the Rima Glottidis. By Louis Elsberg, M. D.

BOOK NOTICES.

A Treatise on Food and Dietetics, Physiologically and therapeutically considered. By F. W. Pavy, M. D., F. R. S., etc. Phila., H. C. Lea. 1874. pp. 575.

The simplest problem of physiology, at least the primary and fundamental one, "how food supports life," is by no means elucidated yet. Liebig's beautiful theories, so universally accepted a dozen years ago, are not only questioned to-day, but the precise reverse of them is maintained by most eminent physiologists. It is so hard to interpret experiments aright, and they themselves are so conflicting, that it is very nearly "a' a muddle" yet.

Dr. Pavy undertakes to give a careful and impartial summary of the various theories of alimentation, a detailed description of alimentary substances, and a series of instructions on dietetics. His original studies are few, and do not seem to throw much light on debated points, but he is an extensive reader, and a judicious compiler.

As there is no other recent work of the kind in English, he has accomplished a useful labor, and as the profession is daily becoming more alive to the prophylactic and therapeutic value of proper food, his work will meet a growing demand.

A Conspectus of the Medical Sciences; Comprising Manuals of Anatomy, Physiology, Chemistry, Materia Medica, Practice of Medicine, Surgery and Obstetrics, for the use of students. By Henry Hartshorne, A. M., M. D., etc. Second edition. Enlarged and thoroughly revised, with 477 illustrations. Philadelphia, Henry C. Lea. 1874. 1 vol. 8vo, pp. 1024.

This convenient little manual for students, especially for those preparing for examination, has met with a deserved popularity, as the prompt sale of the first edition testifies. It has been carefully revised, and improved in a number of particulars, and of its kind is the best book we know of in the American market.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 27, 1874.

D. G. BRINTON, M.D., Editor.

The Reporter aims to represent the Profession of the whole country, and not merely sectional or local interests.

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The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The Reporter aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

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OUR MEDICAL SERIALS.

Our serial publications are the weekly Medical and Surgical Reporter; the Half-Yearly Compendium of Medical Science, published each January and July, constituting a *supplement* to the Reporter, not repeating any article contained in the latter, and giving a carefully condensed view of the progress of all branches of medical science throughout the world each six months; and the Physician's Pocket Record and Visiting List, published annually.

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Dr. D. G. Brinton has entire charge of both the business and editorial management of these publications. All communications should be forwarded to him, and all drafts, checks, post-office orders, etc., made payable to his order, at the following address:—

OFFICE OF

THE MEDICAL AND SURGICAL REPORTER,

115 South Seventh Street,

PHILADELPHIA, PA.

VOLUME XXXI.

The present number closes the thirtieth volume of the weekly Medical and Surgical Reporter. We have strenuously endeavored to render it an improvement on those that have preceded it, and continue that endeavor with each incoming volume.

The next, volume thirty-first, will have a series of interesting contributions from practical physicians; regular hospital reports from the most able clinical teachers in Philadelphia, New York, and other cities; and a number of letters from a correspondent in Canada, and another in Europe, both practiced writers and close observers.

The July number of the Half-yearly Compendium of Medical Science, now ready, makes, with the Reporter (and *no article is duplicated in the two*), a complete "abstract and brief chronicle" of the progress of knowledge in all that pertains to the physician's calling, and we hope that in all respects these periodicals will be found fully worthy of the continued liberal patronage of the profession.

News and Miscellany.

A Chance for Quacks.

The following, from the *Lancet*, is not bad:—

That the Cretans are always liars, we know on the best authority; that they will continue to be slow bellies is not so certain. Drastic therapeutics, following in the wake of imported empirics, will soon put their digestive apparatus to a crucial test. Certificated medical men are so scarce in the island, while their fees are so prohibitory, that the Government is absolutely driven to invite the services of the quack. Only fifteen of the former are available among a population of 300,000. These, moreover, reside, without exception, in the towns, where the peasantry, when ill, have to call on them. £1 is their fee for a visit to the nearest village; while £4, £5, £6, and even £10 are charged for visits further inland. The country quack used to attend his rustic *clientèle* for from twenty to thirty piastres, but he has for some time been prohibited from practice, as an irregular practitioner. The Government, however, at the instance of 7000 Cretans, has reinstated him; while there is an ample opening for our friend the "doctor in absentia," whether he hail from the right bank of the Rhine, from Jersey, or from Philadelphia.

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